

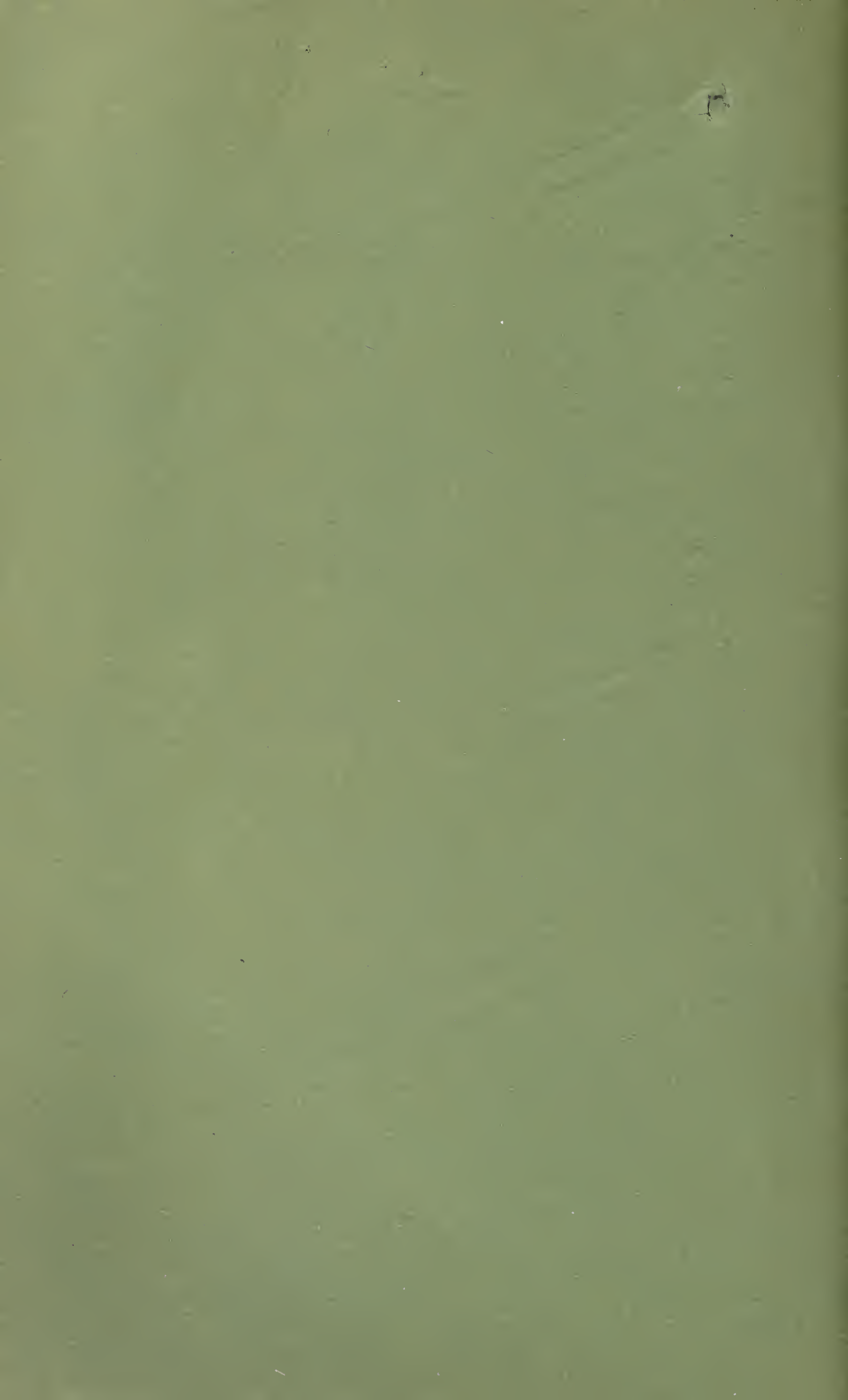
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Borough of Nuneaton.

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ANNUAL REPORT

OF THE
Medical Officer of Health
for 1930.

P. G. HORSBURGH, M.R.C.S., L.R.C.P., D.P.H.
Medical Officer of Health.



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MEMBERS OF THE HEALTH COMMITTEE, 1930.

His Worship THE MAYOR (Councillor F. P. Pembleton).

DEPUTY MAYOR (Councillor L. E. Price), Chairman.

Vice-Chairman: Councillor J. E. BONELL.

MEMBERS:

Alderman J. Randle, J.P.

Alderman R. W. Swinnerton, J.P.

Councillor Mrs. Bonell.

Councillor T. Daffern.

„ W. R. Chamberlain.

„ J. C. H. Downs.

„ G. Cooper.

„ M. Godfrey.

„ B. Daffern.

„ Mrs. M. A. Smith.

Councillor T. B. Woodcock.

CO-OPTED MEMBERS—Maternity and Child Welfare.

The Mayoress (Mrs. L. E. Price). Mrs. M. Leaper.

Miss Cawthorne. Mrs. W. French. Mrs. A. Mansell.

BOROUGH OF NUNEATON.

Health Department,
Newdegate Place,
Nuneaton.

May, 1931.

To The Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the work carried out by the Health Department for the year 1930.

I should first like to record my appreciation of the services of Mr. Andrew, your Chief Sanitary Inspector, who served the town for 32 years. Mr. Andrew terminated his appointment and went on superannuation as from the 31st December, 1930. To him I tender my thanks as a loyal colleague. Mr. Mortimer was appointed Chief Sanitary Inspector as from the 1st January, 1931. I was extremely gratified that the Council appointed Mr. Mortimer to this position, as I am satisfied that I could not have a more loyal and trustworthy officer on my staff.

The work of the Department from the period under review has been one of progress.

On the suggestion of the Ministry of Health in an official memorandum, the population of the town in 1929 has been made use of in 1930, in order to work out the various rates. This has been done on account of the fact that 1931 is a Census year, and the Registrar General has not supplied an estimated population for 1930.

It will be noticed under the Housing Report no definite figures have been given for overcrowding. I did not think it advisable to have a complete inspection made of the district to ascertain the exact extent of overcrowding, considering the figures which will be shortly available, from the Registrar General of the condition found by the Census Returns.

It may be of interest here to compare some of the statistics for the last five years:—

England and Wales	1926	1927	1928	1929	1930
Death Rate	11.6	12.3	11.7	13.4	11.4
Birth Rate	17.8	16.7	16.7	16.3	16.3
Infantile Mortality Rate	70	69	65	74	60
Nuneaton	1926	1927	1928	1929	1930
Death Rate	8.1	10.1	8.6	12.2	10.0
Birth Rate	19.0	18.6	18.0	17.49	19.2
Infantile Mortality Rate	49	89.2	63.7	59	53.5

I also beg to remind you of some of the extensions which the Department has carried out from 1926 to 1930.

Your Maternity and Child Welfare scheme has been amplified by the following addition to the service. The appointment of a Consultant (1926) (Beckwith Whitehouse, M.S., M.B., B.S., F.R.C.S.) to act under the Puerperal, etc., Fever Regulations.

In 1927 the dental service of the Maternity and Child Welfare scheme was altered so that the same personnel, namely Mr. Thomas (Surgeon) and Miss Bent (Dental Assistant), acted for both the School Medical and Maternity and Child Welfare services. This has led to uniformity of treatment.

The General Hospital, Nuneaton, in 1928 decided to admit at the request of the Council cases of abnormal pregnancies, or women in which it was thought advisable for confinement to take place in Hospital for housing reasons, etc. The Council are responsible for the payment of fees to the Hospital and recover all or a proportion according to the income scale.

The Council and Education Committee investigated in 1928 work as then carried out by part-time Medical Officers employed by the Department. It was decided the arrangements then at work, namely, part-time Assistant Medical Officers, should be discontinued and one full-time officer appointed in their places. This was carried out and the arrangement has made for more efficient working of the Department.

In 1929 an investigation in all maternal deaths was carried out in conjunction with the Committee on Maternal Mortality set up by the Ministry of Health.

We also took over the supervision of children under The Children Act in this year.

It was decided in 1930 to build a new Maternity and Child Welfare Clinic in conjunction with the School Medical Service. This Clinic is now in the course of erection.

Powers were granted in 1930 to the Corporation under the Midwives Act, to date from 1st April 1931, on and after which date the Council will be the Supervising Authority under the Act.

Other additions to our Health services have been:—

An extension to the Public Abattoir in 1928; the structure being on the most modern of abattoir buildings.

In the same year (1928) the Corporation purchased Bramcote Hospital for use as an infectious disease hospital. In the following year Mr. C. Raison, F.R.C.S., was appointed Consulting Surgeon to this Hospital.

In 1929 an Order was made termed "The Nuneaton (Offensive Trades) Order." This Order gave increased powers over certain offensive businesses.

During the year we had an outbreak of smallpox, the cases numbering 92.

It is likely that smallpox will attack our town from time to time as long as we have towns in our near vicinity which are regularly visited by our people, when smallpox is prevalent.

In conclusion I beg to thank the members of the Council for the interest and support my Department has received, and also I have pleasure in tendering once more to the members of my staff my deep appreciation of the way in which they have supported me during the year.

I have the honour to be

Your obedient servant,

P. G. HORSBURGH,

Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area	...	...	...	...	...	...	10,596 acres.
Population—Census 1921	...	...	...	...	...	...	42,720
	Census 1929	(Registrar General's report)					45,490
No. of inhabited houses 1921	...	...	...	...	...	...	8,523
No. of houses or separate occupiers (1921)	...	...	...	...	...	...	7,843
Sum represented by 1d. rate	...	...	...	...	...	...	£745
Rateable value	...	...	...	...	...	...	£191,498

Nuneaton is essentially an industrial area with surrounding rural amenities.

The town is situated in the centre of England, which ensures easy access to all parts of the Country.

The town has excellent lines of communication to all parts of the country by being on the main railway line. Four stations are situated in the Borough, the town is also served by the Coventry Canal which links up with the canal system of England.

An excellent road transport system is also in operation in and around the area.

The industries in the town are varied, the most important being coal mining and transport work for men, and textile work for women.

The town is far from built up and much land is available for house building and sites for new industries.

VITAL STATISTICS.

Births :—Legitimate	452 males	397 females = 849
Illegitimate	9 males	18 females = 27
	BIRTH-RATE 19.2	

Deaths	245 males	212 females = 457
	DEATH-RATE 10.0	

Number of women dying in, or in consequence of childbirth :—

From Sepsis	...	...	1
Other Causes	...	...	1

Deaths of infants under one year of age per 1,000 births :—

Legitimate	Illegitimate	Total
50.3	181.8	53.5

Deaths from Measles (all ages) 11

Deaths from Whooping Cough 1

Deaths from Diarrhoea (under 2 years) ... 2

DEATHS.

	Nuneaton.	England & Wales.
Death-rate	10.0	11.4

The total deaths, as allocated to the town number 457 during the year, of these 245 were males and 212 females. The number of persons whose deaths actually occurred in the Borough is not represented by the above figures. Non-residents whose deaths occur in the town are transferred to the district in which the person ordinarily lives. In a similar manner residents whose deaths occur in a place other than our town are referred back to us in order that they may be added to the figures.

Disease.	0—1		1—5		5—10		10—15		15—20		20—25		25—35		35—45		45—55		55—65		65—75		75—85		85+		Totals	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Pneumonia ...	4	2	2	2	1								1		2		3	1	5	1	1	1	1			19	8	
Bronchitis ...	1										1				1		1	1	2	2	2	1	1			7	6	
Pulmonary Tuberculosis :			1		1	1	1	1	1	2	3	5	4	5	1	1	2	3	2	2		1		1		16	20	
Cardiac disease ...							1	1	1				2	2	1	5	3	2	12	10	11	9	16	8	3	45	39	

	Cardiac Disease				Pneumonia.				Bronchitis.				Pulmonary Tuberculosis			
	St. Nicholas		St. Mary		St. Nicholas		St. Mary		St. Nicholas		St. Mary		St. Nicholas		St. Mary	
	Chilvers	Colon	Stockingford	Chilvers	Colon	Stockingford	Chilvers	Colon	Stockingford	Chilvers	Colon	Stockingford	Chilvers	Colon	Stockingford	Chilvers
January ...	3	1	4	1	1	1	1	1					1	3		3
February ...	1	1	6	1	1	1	1	1	1	1	1		1			
March ...	1	1	1	2	5				2						3	
April ...	1	1	1	1	2										3	
May ...			1	1	1	1	1	1							1	
June ...			1	1	1	1			1				2	1	1	
July ...	3	1	2	1	2		1									
August ...	1	1	1	1	1									2	2	
September...	3	3	3	2	2			1						2	2	1
October ...	1	1	2	4	5								2	1		
November ...	2	2	1	2	4			2								
December ...				2	3			3					3	1		2

Cancer shows a slight decrease over last year's figures; 48 deaths were assigned to this disease in 1930 as against 54 in 1929 The situations of the disease were as follows:—

	Females.	Males.
Breast	2 ...	—
Intestinal tract ...	4 ...	14
Uterus	9 ...	—
Other	10 ...	9

CAUSES OF DEATHS, 1930.

Causes of deaths.	Male	Female	Totals
Enteric Fever	—	—	—
Smallpox	1	—	1
Measles	3	8	11
Scarlet Fever	—	—	—
Whooping Cough	1	—	1
Diphtheria	3	3	6
Influenza	3	4	7
Encephalitis Lethargica	—	—	—
Meningococcal Meningitis	—	—	—
Tuberculosis of respiratory system ...	16	20	36
Other Tuberculous diseases	4	1	5
Cancer, malignant disease	23	25	48
Rheumatic Fever	2	—	2
Diabetes	6	8	14
Cerebral Hæmorrhage, &c.	8	17	25
Heart Disease	45	39	84
Arterio Sclerosis	10	5	15
Bronchitis	7	6	13
Pneumonia (all forms)	19	8	27
Other respiratory diseases	1	2	3
Ulcer of stomach or duodenum	3	1	4
Diarrhœa (under 2 years)	2	—	2
Appendicitis and typhilitis	—	3	3
Cirrhosis of Liver	2	—	2
Acute and chronic nephritis	6	4	10
Puerperal Sepsis	—	1	1
Other accidents and diseases of pregnancy and parturition	—	1	1
Congenital debility and malformation, premature birth	16	15	31
Suicide	3	1	4
Other deaths from violence	15	3	18
Other defined diseases	46	37	83
Causes ill-defined or unknown	—	—	—
Totals	245	212	457

BIRTHS.

	Nuneaton.	England & Wales.
Birth-rate	19.2 ...	16.3

During the year 876 children were born, of these 461 were males, and 415 females. This gives a rate of 19.2 per 1,000 of the population. This is the largest number of children born in one year since 1925,

The number of illegitimate children was 27, of these 9 were males and 18 females. This is an increase of 3 over the number of illegitimate children born in 1929.

The still-birth rate for the year is .8 per 1,000 of the population, or 38 still-births in the year.

The Health Visitors investigate all cases of still-births. Much valuable information is gained by these investigations and in many instances subsequent births, through the advice given, have been of a normal character.

Ward	Legitimate		Illegitimate		Total	
	Males	Females	Males	Females	Males	Females
St. Nicholas	101	112	...	2	4	...
St. Mary's	103	94	...	2	7	...
Stockingford	137	99	...	3	5	...
Chilvers Coton ...	111	92	...	2	2	...
	452	397	...	9	18	...
					461	415
						876

ANALYSIS OF INFANT DEATHS, 1930.

Cause of Death	Under 1 week	1-2 wks	2-3 wks	3-4 wks	Total under 4 wks				9-12 mths	Total under 1 year
					1-3 mths	3-6 mths	6-9 mths	9-12 mths		
Congenital Causes	Icterus Neonatorum	1	—	—	1	—	—	—	—	1
	Premature Birth	10	3	—	13	—	—	—	—	14
	Asthenia	3	—	—	4	—	—	—	—	4
	Imperforate Anus.	1	—	—	1	—	—	—	—	1
	Heart Failure	2	—	—	2	—	—	—	—	2
	Spina Bifida	1	—	—	1	—	—	—	—	1
	Obstruction of Larynx	—	1	—	1	—	—	—	—	1
	Cleft Palate	—	—	—	1	—	—	—	—	1
	Acute Haemorrhage	—	—	—	—	—	1	—	—	1
	Purpura	—	—	—	—	—	—	—	—	1
Miscellaneous	Gastro Enteritis	—	—	—	—	—	—	—	—	2
	Distress of Labour	1	—	—	1	—	—	—	—	1
	Cerebral Haemorr.	1	—	—	1	—	—	—	—	1
	Intersusception	—	—	—	—	—	1	—	—	1
	Asphyxia	1	—	—	1	—	—	—	—	1
	Infantile Tetany	—	—	—	—	1	—	—	—	1
Respiratory Infectious Diseases	Pneumonia	—	—	—	1	—	2	4	—	8
	Bronchitis	—	—	—	—	—	1	—	—	2
	Diphtheria	—	—	—	—	—	—	1	—	1
	Measles	—	—	—	—	—	2	—	—	3
Total		21	4	2	28	3	7	6		47

VITAL STATISTICS 1901—1930.

Year	Popula- tion	No. of Deaths	No. of Births	No. of Infant Deaths	Death Rate	Birth Rate	Infantile Mortality
1901	25,239	362	943	136	14.3	37.3	131
1902	26,084	364	903	117	13.9	34.6	144
1903	27,182	386	935	142	14.2	34.8	151
1904	28,159	423	1024	149	15.0	36.3	144
1905	29,709	384	977	113	12.7	32.8	115
1906	32,255	420	1043	167	13.0	32.3	160
1907	32,580	377	1026	138	11.5	30.1	134
1908	33,706	355	1163	110	10.5	34.5	94
1909	36,041	378	1135	104	10.4	31.2	91
1910	37,267	375	1200	117	10.0	32.2	97
Ten year Average	30,822	382	1034	129	12.5	33.6	126
1911	37,531	446	1173	133	11.8	31.2	113
1912	38,725	438	1155	120	11.3	29.6	103
1913	39,636	467	1166	122	11.7	29.4	104
1914	40,091	526	1200	143	13.1	29.9	119
1915	38,652	542	1053	123	14.0	27.2	116
1916	40,908	436	1008	79	11.5	24.6	78
1917	42,004	440	958	92	11.6	22.8	96
1918	40,817	602	891	90	16.5	22.0	100
1919	41,146	434	936	86	10.9	22.7	92
1920	41,128	397	1220	102	9.6	29.5	83
Ten year average	38,697	472	1076	109	12.2	26.8	100
1921	41,901	416	1135	76	9.9	27.0	66
1922	43,410	427	1062	83	9.8	24.4	78
1923	44,030	416	996	75	9.4	22.6	75
1924	44,620	438	971	57	9.7	21.6	58
1925	45,170	501	975	76	11.09	21.5	77.9
1926	45,200	369	861	43	8.1	19.0	49
1927	46,170	469	863	77	10.1	18.6	89.2
1928	45,440	393	863	55	8.6	18.0	63.7
1929	45,490	557	796	47	12.2	17.49	59.04
1930	45,490	457	876	47	10.0	19.2	53.5
Ten year average	44,152	444	939	63	9.9	20.9	66.9

STAFF OF THE HEALTH DEPARTMENT.

Medical Officer of Health; School Medical Officer; Superintendent Isolation Hospital; Superintendent Maternity and Child Welfare Clinics; Venereal Disease Medical Officer, Nuneaton:—

*P. G. HORSBURGH, M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officer of Health and School Medical Officer:

*H. BURNS, O.B.E., M.B., Ch.B. (Edin.).

Chief Sanitary Inspector:

*G. W. ANDREW, C.R.S.I. (Retired 31st December, 1930).

*F. W. MORTIMER, C.R.S.I., Meat Inspector; San. Science, M.S.I.A. (Appointed January, 1931).

Additional Sanitary Inspector and Meat Inspector:

*J. S. FORMAN, A.R.S.I., M.S.I.A. (Appointed Jan., 1931).

Pupil Sanitary Inspector:

G. V. R. LEE.

Clerical Staff:

W. WOOD (Chief Clerk). I. BIGGS.

Orthopædic Surgeon:

*F. W. ALLEN, M.B., F.R.C.S., L.R.C.P.

Orthopædic Nurses:

*SISTER FINTON (Part-time). *Miss I. HAWKINS.

Health Visitors:

*Mrs. G. N. ABBOTT, C.M.B. †*Miss E. K. DEARN, C.M.B.

*Miss I. TOWNSEND, C.M.B. *†Miss L. MACPHERSON, C.M.B.

Dental Surgeon:

*E. THOMAS, L.D.S.

Dental Assistant:

*Miss D. BENT.

Isolation Hospital:

*Miss A. RAWBONE (Matron).

Miss K. RICE (Sister). (Resigned Aug., 1930).

Miss KELLY (Sister). (Appointed Sept., 1930).

Consulting Surgeon—Puerperal Fever Regulations:

H. BECKWITH WHITEHOUSE, M.S. (Lond.), M.B., B.S., F.R.C.S. (Eng.), Ch.M. (Birm.).

Consulting Surgeon—Isolation Hospital:

C. A. RAISON, M.B., Ch.B. (Birm.), F.R.C.S. (Eng.).

Venereal Disease Orderly:

J. C. GARDENER (Part-time).

*Exchequer Grants.

†Health Visitor's Certificate.

NURSING IN THE HOMES.

(a) General.

The Nuneaton and District Nursing Association employs two nurses for general district work. The Department is kept in touch with the work carried out by this Association through your Medical Officer of Health being a member of the Voluntary Committee.

The work carried out by the nurses is of a high standard.

The following is a summary of the cases treated and visits paid:—

Number of cases nursed	...	324
Medical	...	157
Surgical	...	167
Total number of visits paid	...	6,482

(b) Infectious diseases.

The nursing of all notifiable infectious diseases which are nursed at home is carried out by the staff of the Isolation Hospital.

Home visiting of notifiable diseases:—

Disease.	St. Nicholas		St. Mary's		S'ford		Coton		Total	
	C	V	C	V	C	V	C	V	C	V
Scarlet Fever	12	106	14	104	8	52	6	61	40	323
Diphtheria	46	244	6	39	11	55	19	127	82	465
Measles	47	146	115	525	175	585	91	325	428	1581
Pneumonia	10	59	28	180	25	148	22	132	85	519
Chickenpox	5	12	58	183	15	39	13	30	91	264
Erysipelas	3	12	2	8	6	17	3	8	14	45
Poliomyelitis					1	4			1	4
Total									741	3201

MIDWIVES.

The midwives who practise in the Borough are all in private practice and receive no subsidy from the local authority. 13 midwives are in practice in the town.

The supervision of Midwives has been carried out by the Warwickshire County Council during the year 1930.

The Ministry of Health made an Order under Section 62 of the Local Government Act 1929 termed The Nuneaton (Supervision of Midwives) Order 1930 which makes this Authority the Supervising Authority for Midwives. The Order by mutual agreement of the Ministry, the County Council and the Corporation did not come into operation on 1st October 1930, which was the date originally suggested, but will come into operation on 1st April 1931.

The arrangements agreed upon by the Ministry for the carrying out of this Order were as follows:—

“ The responsible officer to act for the Corporation under the Midwives Act would be The Medical Officer of Health who

would be appointed Chief Inspector of Midwives. The Deputy Medical Officer of Health would be appointed Deputy Inspector of Midwives and a Health Visitor would be appointed Assistant Inspector of Midwives.

The Health Department would be the office where the Midwives could call and interview the Medical Officer of Health or his Assistant under these Acts.

The Midwives would be encouraged to visit the office of the Medical Officer of Health and discuss their individual difficulties.

The register of practising midwives would be kept by the Medical Officer of Health, also a supply of all necessary forms.

Inspection.

The Medical Officer of Health, or in his absence, the Deputy Medical Officer of Health, would interview all midwives who had notified their intention of practising in the Borough. He would also examine their Certificates, etc., and carry out the first inspection.

The Medical Officer of Health would make an annual inspection of all practising midwives in the Borough.

All cases of Puerperal infection would be investigated by the Medical Officer of Health and he would be responsible for any action required to be taken in order to prevent the spread of infection. The necessary disinfection would be supervised and the Health Department would disinfect by steam if necessary any special articles.

The Medical Officer of Health would investigate all irregularities and infringements of the C.M.B. rules. He would also advise the Local Authority on what action was recommended to cope with any irregularities.

The claims for fees made by practitioners called in by midwives would be dealt with on the approved scale. Recovery of the fees from the patients would be on the Council's approved income scale.

The Health Visitor appointed Assistant Inspector would carry out quarterly inspections of the midwives' bags and registers.

She would also carry out any investigation which the Medical Officer of Health desired her to do.

The Assistant Inspector would also attend the ante-natal clinics in order to meet the midwives and assist them with their cases if hospital beds, etc., were required."

LABORATORY FACILITIES.

The examination of swabs for diphtheria, sputum for tuberculosis, and other materials requiring investigation is carried out by the Birmingham Public Health Laboratory. The County Council is the Authority who finances this scheme.

Water samples are sent by the Department to a Public Analyst.

This Authority not being an authority under the Sale of Food and Drugs Acts, does not handle the analysis of food stuffs, etc. This work is carried out by the County Council.

The report below, kindly supplied by Mr. Preston, Chief Inspector for the County Council, gives the number and results of food stuffs examined by the County Council within the Borough.

The examination of milk samples for bacterial count, is carried out by The Harper Adams Colleges and details of the examinations will be found in "Milk Supply."

Specimens examined at Birmingham University:—

Diphtheria	.....	1727
Typhoid Fever	.....	11
Tuberculosis	.....	95

The Schick or Dick tests have not been used. No development has been made in artificial immunisation against Scarlet Fever and Diphtheria.

REPORT UNDER THE FOOD AND DRUGS
(ADULTERATION) ACT 1928, etc.

1.—I have the honour to report that during the year ended 31st December, 1930, 120 samples were taken in the Borough of Nuneaton of the following articles:—

Milk	...	...	...	...	65
Cream	...	...	...	...	1
Butter	...	...	...	...	11
Margarine	...	...	...	...	3
Lard	...	...	...	...	1
Dripping	...	...	...	...	1
Sausages	...	...	...	...	4
Potted Meat	...	...	...	...	1
Boiled Sweets	...	...	...	...	7
Ice Cream	...	...	...	...	4
Whiskey	...	...	...	...	3
Camphorated Oil	...	...	...	...	2
Prepared Calomine	...	...	...	...	7
Diluted Mercury	}		...	...	4
Nitrate Ointment			...	...	2
Soap Liniment	...	...	...	...	4
Prescriptions	...	...	...	...	4

120

2.—111 samples proved to be genuine, and 9 were found to be unsatisfactory, as follows:—

(1) D.66. Milk (Official). Deficient of 6% of fat.

(2) D.67. Milk (Official). Deficient of 10% of fat.

Both these samples were taken from the same vendor, but as the deficiency was possibly due to "improper" serving; he was cautioned. Further samples have proved to be genuine.

- (3) D.90. Milk (Official). Deficient of 2% of solids not fat. Further samples will be taken from this vendor.
- (4) P.73. Sausages (Informal). Adulterated with 70 parts per million of Sulphur Dioxide (no declaration being given). Further samples from the same vendor proved to be satisfactory. He was cautioned.
- (5) P.75. Prepared Calomine (Informal). Contained 70% of Barium Sulphate. A further "official" sample from this chemist proved to be genuine.
- (6) P.76. Prepared Calomine (Informal). Contained 70% of Barium Sulphate.
- (7) D.45. Prepared Calomine (Official). Contained 70% of Barium Sulphate.

Both these samples were taken from another chemist, who was cautioned, he no doubt having sold the article in the same state as he received it. Further investigations proved that a firm of wholesale chemists were at fault not only in these cases, but also in cases in other parts of the County. This firm have also been cautioned, and further samples will be taken.

- (8) P.62. Dilute Mercury Nitrate Ointment (Informal). Deficient of Mercury.
- (9) D.46. Dilute Mercury Nitrate Ointment (Official). Deficient of Mercury.

Both these samples were taken from the same chemist, who has been cautioned.

3.—Nine of the milk samples were tested for Tubercle Bacilli. These all proved to be negative, except T.B.146. This case was reported to the County Medical Officer of Health.

4.—The samples of Ice Cream were examined for bacteria count, and proved to be satisfactory except in one case which is being kept under observation.

(Signed) J. E. PRESTON,
Chief Inspector under the Food and Drugs
(Adulteration) Act, 1928.

**PARTICULARS AS TO PERMISSIVE ACTS ADOPTED
BY THE NUNEATON CORPORATION.**

1.—THE INFECTIOUS DISEASES (NOTIFICATION) ACT, 1889, was adopted at a Meeting of the Council, held on the 30th October, 1889, to come into force on the 9th December, 1889.

2.—THE INFECTIOUS DISEASES (PREVENTION) ACT, 1890, was adopted at a Meeting of the Council, held on the 24th December, 1890, to come into force on the 9th day of February, 1891.

3.—THE PUBLIC HEALTH ACTS AMENDMENT ACT, 1890. Parts 2, 3, 4 and 5, were adopted at a Meeting of the Council, held on the 24th December, 1890, to come into force on the 12th day of July, 1891.

4.—THE HOUSING OF THE WORKING CLASSES ACT, 1890. Part 3 was adopted at a Meeting of the Council, held on the 12th day of June, 1901, to come into force on the 12th day of July, 1901.

5.—THE PRIVATE STREETS WORKS ACT, 1892, was adopted at a Meeting of the Council, held on the 29th January, 1896, to come into force on the 2nd day of March, 1896.

6.—THE BATHS AND WASH-HOUSES ACT, 1896, was adopted at a Meeting of the Council, held on the 25th day of January, 1899.

7.—THE NOTIFICATION OF BIRTHS ACT, 1907, was adopted at a Meeting of the Council, held on the 3rd day of May, 1911, to come into force on the 1st July, 1911.

8.—THE PUBLIC HEALTH ACTS AMENDMENT ACT, 1907. The following parts and Sections were, by an Order of the Local Government Board—dated 24th February, 1909—declared to be in force in the Borough as from the 14th April, 1909, subject in some cases to certain conditions and adaptations:

Part 2.

Sections 34, 35, 36, 37, 38, 43, 44, 45, 46, 47, 48, 49, 50 and 51 of Part 3.

Sections 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, and 68 of Part 4.

Part 5.

Part 6.

Part 10.

9.—THE PUBLIC HEALTH ACTS AMENDMENT ACT, 1907. Sections 39, 40, 41 and 42 were, by an Order of the Ministry of Health, dated 25th June, 1923, declared to be in force in the Borough as from 16th July, 1923.

10.—THE PUBLIC HEALTH ACT, 1925, was adopted at a Meeting of the Council, held on the 28th October, 1925, to come into force on the 1st December, 1925.

11.—NUNEATON CORPORATION ACT, 1919, was adopted by the Council at a Meeting of the Council, held on the 15th August, 1919.

12.—NUNEATON CORPORATION ACT, 1921, was adopted at a Meeting of the Council, held on the 17th August, 1921.

13.—THE BOROUGH OF NUNEATON (OFFENSIVE TRADES) ORDER, 1930, was adopted by the Council, 4th December, 1929, to come into force 3rd February, 1930.

14.—CHILDREN'S ACT. LOCAL GOVERNMENT ACT, 1929; CHILDREN ACT, 1908, Part I., came into force 1st April, 1929.

15.—NUNEATON (SUPERVISION OF MIDWIVES) ORDER, 1930, was adopted by the Council 30th July, 1930, to come into force 1st April, 1931.

HOSPITALS.

Within the Borough:—Nuneaton General Hospital.

				Number of Beds.	
				Males.	Females.
Medical cases	}	...	...	44	18
Surgical cases					
Maternity cases	...	...	...	—	7
Children	...	...	...	9	—

This hospital is managed by a Voluntary Committee and is not subsidised by the Local Authority.

The Hospital not only serves the Borough but also the surrounding districts, including the Atherstone area, etc.

The Medical staff consists of Consultant Surgeons, Physicians, etc., from Birmingham; Honorary Visiting Staff of Local Practitioners, and a Resident House Surgeon.

Plans have been prepared for future extensions to the Hospital in order that its usefulness may be further increased.

Outside the Borough:—

Use is made of the various Hospitals in Birmingham and Coventry by a large number of persons residing in the town.

Hospital maintained by the Corporation.

Infectious disease—Bramcote Hospital.

Purpose	Beds
Scarlet Fever	20
Diphtheria	8
Other infectious diseases (not smallpox)...	18

This Hospital serves the Borough of Nuneaton, also Nuneaton Rural district.

The proportion of cases using this Hospital was 45%.

The number of beds given above is not worked out on the Ministry's figures of 144 square feet per bed. This figure is not a practicable one to adhere to rigidly in working out total beds available at this Institution. The 9 cubicle wards which can be utilised for various types of cases, as circumstances demand, are just under 144 square feet. If the Ministry's figure of 144

square feet were a hard and fast one, no patient would be able to be placed in these rooms. Cross ventilation is obtained in these rooms and this, to my mind, over-rides the matter of the foot or so below the required standard in size.

The question of increase in the number of beds in this Hospital has been considered, but I think it would be advisable before any steps are taken in this matter to wait until the reorganisation of the County areas is more complete. One is not in a position to say at the present time which areas will require, in future, accommodation in our Hospital.

The staff consists of:—

Medical	Nursing	Honorary Consulting Staff.
Medical Officer of Health.	1 Matron.	Mr. C. Raison,
Assistant Medical Officer of Health.	1 Sister.	F.R.C.S
	1 Staff Nurse.	
	3 Probationers.	

TUTTLE HILL.

Situation: Tuttle Hill. Smallpox. Beds, 22.

This hospital, which was until recently used for the ordinary infectious diseases, will in case of a large epidemic of Smallpox be used for this disease. No permanent staff is maintained.

The hospital will be staffed as occasion arises. The Medical Officer being your Medical Officer of Health, the Matron or Sister of Bramcote Hospital would be, during its use, transferred to this Institution for duty.

A Caretaker is in residence. The Hospital would serve the Borough and surrounding districts as occasion arose.

The area from which we should have to admit cases depends largely on the reorganisation of the County areas and the arrangements these new areas desire to make for the treatment of Smallpox.

Three wards would be available in this building, one of which would be kept for males, another for females, the third being used as circumstances demanded.

INSTITUTIONS UNDER THE PUBLIC ASSISTANCE COMMITTEE, WARWICKSHIRE COUNTY COUNCIL.

Warwickshire County Council Hospital—

	Situation	Purpose	Beds	
			Males	Females
Warwickshire County Council Hospital.	College St., Nuneaton.	General medical General surgical Chronic sick	44	44
Children's Home	Henry St., Nuneaton.	Destitute	20	20

These institutions serve the Nuneaton and District area of the Public Assistance Committee of Warwickshire County Council.

WARWICKSHIRE AND COVENTRY JOINT TUBERCULOSIS COMMITTEE.

Tuberculosis.

No Institution is situated within the Borough.

The above Committee admit patients from this area to the Hertford Hill Sanatorium. The accommodation available is as follows:—

				Males	Females	Children	
Sanatorium	64	...	33	...	34
Hospital	31	...	33	...	—

CHILDREN. The Nuneaton General Hospital has a Children's Ward with accommodation for 9 cases.

The Corporation, during the summer months, admit to Bramcote Hospital delicate children into the cubicle block at such times as this block is not being utilised for other purposes.

Thirteen children can be admitted.

ORTHOPÆDIC.

Warwickshire Orthopædic Hospital. Situation: Coleshill.

Beds: Males 43; females 41.

This Hospital is utilised by the Corporation for Orthopædic cases under the combined Maternity and Child Welfare and School Medical Orthopædic services.

MATERNITY.

The Nuneaton General Hospital has a Ward and three private rooms for such cases.

The Corporation utilise this hospital and assist in the payment of fees in necessitous cases.

PUERPERAL FEVER AND PYREXIA.

The cases which occur in the Borough are sent under agreement with the Corporation to the Nuneaton General Hospital, no specified number of beds are allocated for these diseases.

OPHTHALMIA NEONATORUM.

A scheme is in operation whereby cases requiring Hospital treatment are admitted to the Birmingham Eye Hospital.

The facilities available in the Borough in respect of General Hospital requirements are not adequate. As mentioned under the Nuneaton General Hospital, a plan has been drawn up for future extensions. This I sincerely hope will materialise in the near future.

The available beds for children and females in this hospital is far short of the requirements of the town.

The facilities for operative surgery are satisfactory. The operations being performed by the consultants or by the Hon. Visiting staff.

An X-ray department is attached to the hospital.

No official out-patient department is available but I understand that consultations and treatment is carried out by the Hon. Surgeon to the Hospital.

An arrangement for cases requiring Ophthalmic out-patient treatment by an Ophthalmic Surgeon is also in operation.

MATERNITY AND NURSING HOMES.

The controlling authority under the Nursing Homes Registration Act 1927 for the Borough is the Warwickshire County Council.

The Corporation have applied under Section 9 (2) of the Act for delegation of powers, but the County Council were not agreeable to delegation.

I believe that there is a likelihood of the County Council revising their decision in view of the fact that on the 1st April, 1931, we take over the Supervision of Midwives.

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN.

No Institution for the above type of case is under the control of the Corporation.

The homeless child is provided for by the Children's Home, an Institution situated in the Borough, owned by the Warwickshire County Council (Public Assistance Committee).

AMBULANCES.

(a) **Infectious cases.**

The Health Department Ambulance, stationed at Bramcote Hospital, is used in all cases of infectious disease.

(b) **Non-infectious and accident cases.**

An ambulance, under the control of the Fire Brigade, is used for non-infectious cases and accidents.

During the year, this ambulance removed 23 patients to hospital and was used for four accident cases.

The various works also maintain ambulances for accidents, etc.

CLINICS.

Service.	Situation of Premises.	Days open.	Responsible Authority.
Maternity and Child Welfare. Welfare Centres	Coton Road, Nuneaton (Temporary structure).	Tuesdays and Wednesdays, 2.0—4.30 p.m.	Under Borough Council.
	Cross St., Stockingford (brick structure)	Mondays and Wednesdays, 2.0—4.30 p.m.	Do.
Ante-natal Centre.	Coton Road, Nuneaton	2nd Friday in month, 2.15 p.m.	Do.
	Cross Street, Stockingford	1st Friday in month, 2.15 p.m.	
Dental Clinic	Cambridge House Nuneaton	Alternate Saturdays 2 p.m.	Do.
1-5 Minor Ailments	Coton Road, Nuneaton Cross Street, Stockingford	9.0—10.0 a.m. each morning Ditto	Do.
School Medical Service. Treatment Clinic and Inspection Clinic	Newdegate Place Nuneaton (Converted dwelling)	Every weekday morning, 9.0—12 a.m.	Under Education Committee.
	Cross Street, Stockingford (New brick structure)	Ditto	
Eye Clinic	Newdegate Place	Tuesday, Thursday and Friday	Do.
Tonsil and Adenoid Clinic	Ditto	Thursdays, 8.0 a.m.	
Ear Clinic	Ditto	As occasion arises	
Orthopædic Clinic	Ditto	4th Friday in month, 2.45 p.m. Intermediate treatment weekly. Friday 2 p.m.—5 p.m.	

CLINICS—Continued.

Service.	Situation of Premises.	Days Open.	Notes.
Dental Clinic	Newdegate Place	Monday afternoon Tues. afternoon Wed. morning Thurs. morning & afternoon & Fri. afternoon.	Under Education Committee.
Tuberculosis. Dispensary	35, Coton Road (Converted dwelling)	Tuesdays, 11.0 a.m. to 4.0 p.m.	Warwickshire and Coventry Joint Committee for Tuberculosis.
Venereal Diseases Male Clinics Female	Cleansing Station Central Avenue Ditto	Fridays, 6.0 to 7.30 p.m. Tuesdays, 5.30 to 7.30 p.m. (intermediate daily treatment also provided— males 6.30 p.m. Tuesday except- ed) females by appointment).	Medical Officer of Health in at- tendance Ditto (Under Warwick- shire C.C.)

WATER.

The water supply to the town is both adequate in quality and quantity. No alteration in the source of supply has taken place during the year.

Extensions of water mains carried out during the year are as follows:—

Fitton Street	4in. main, extended	67 yards.
Weddington Lane	4in. ,,	520 ,,
King Edward Road...	4in. ,,	162 ,,

The average quantity supplied per head of population per day during 1930 was:—

Domestic	...	18.03
Trade	...	5.12
Total	...	23.15

Houses connected during 1930	...	446
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The latest analysis of Thornton and Whittleford water is as follows:—

WATER ANALYSIS.

	Thornton. Chlorinated and Filtered from clear water tanks.	Whittleford.
Free and Saline Ammonia	Trace	Trace
Albuminoid Ammonia	0.015	0.002
Chlorine in Chlorides	1.800	3.850
Nitrogen in Nitrates and Nitrites	0.110	Trace
Oxygen absorbed from perman- ganate at 80° F. in 4 hours ...	0.247	0.016
Total Solids dried at 100° C.	23.000	70.000
Hardness { Temporary	0.600	14.3000
{ Permanent	17.100	30.700
{ Total	17.700	45.000
Appearance	Bright—many small particles	bright—many small particles Chlorine absent.

Bacteriological examination of Thornton water before and after chlorination:—

	Before Chlorination.	After Chlorination.
Organisms per c.c. at 37° C.	8 ...	1
Organisms per c.c. at 20° C.	32 ...	12
Organisms indicative of	Some coliform bacilli present.	Absent from 100 c.c.
sewage contamination	Otherwise absent.	

Bacteriological examination of Whittleford water:—

Organisms per c.c. at 37° C. ...	...	2
Organisms per c.c. at 20° C. ...	...	3
Organisms indicative of sewage contamination ...	Absent from 100 c.c.	

DRAINAGE AND SEWERAGE.

The main drainage of the Borough has been further extended in the following areas.

1. By laying 24in., 18in. and 15in. sewers along the valley of the Wem Brook to the Attleborough (No. 2) Housing Estate, and 9in. sewers laid in Kem Street and Avenue Road.

2. An extension of the 9in. sewer in Lutterworth Road has been made to Whitestone and Bulkington Lane.

3. White Stone Building Estate.—A scheme has been approved by the Ministry of Health for the sewerage of the area.

4. The Higham Lane sewage scheme and the Weddington Ejector Station have been completed. This Ejector Station has been designed to deal with the area proposed to be added to the Borough at Weddington, and for the drainage of that part of Hinckley Road to the extreme East of the Borough.

In my report for 1929 I gave the suggestions of Mr. F. R. O'Shaughnessey for dealing with the sewage of the town. The Council are now acting on his report and a scheme for the extension of the Hartshill Sewage Works is now in hand.

The following tables give the position of the various privies, etc. It will be seen from this table that the town is to all intents and purposes on the water carriage system with the exception of a comparative few privies where sewers are not available.

SANITARY CONVENIENCES, ETC.

	Dry	Sewers available.		Sewers not available.	
	Ash-places.	Ashpits.	Privies.	Ashpits.	Privies.
Nuneaton Ward—St. Nicholas.					
Burgage	—	—	—	1	1
Higham Lane	—	1	2	—	1
Hinekley Road	—	—	—	7	14
Oaston Road	—	—	—	1	1
Weddington Lane	—	—	—	3	4
Total ...	—	1	2	12	21

Attleborough Ward—St. Nicholas.					
Avenue Road	—	—	—	—	—
Lutterworth Road	—	—	—	6	8
Total ...	—	—	—	6	8

Stockingford Ward.					
Arbury Road	—	—	—	1	1
Bede Road	—	—	—	—	—
Church Road	—	—	—	1	1
Croft Road	—	—	—	1	1
Whittleford Road	—	—	—	2	2
Total ...	—	—	—	5	5

Galley Common.					
Bucks Hill Road	—	—	—	3	3
Camp Hill Road	—	—	—	4	4
Chancery Lane	—	—	—	2	3
Galley Common	—	—	—	12	23
Hickman Road	—	—	—	4	4
Plough Hill Road	—	—	—	8	12
Rappers Hole	—	—	—	2	5
Robinson's End	—	—	—	8	11
Tunnel Road	—	—	—	2	2
Alders Lane	—	—	—	1	1
Total ...	—	—	—	46	68

St. Mary's Ward.					
Tuttle Hill	—	—	—	1	3

	Dry Ash-places.	Sewers available.		Sewers not available.	
		Ashpits.	Privies.	Ashpits.	Privies.
Chilvers Coton West Ward.					
Arbury Lane	—	—	—	7	7
Astley Lane	—	—	—	7	7
Bull Ring	—	—	—	5	6
Bermuda	—	—	—	5	6
Coventry Road	—	—	—	1	4
College Street	—	—	—	2	2
Griff Village	—	—	—	20	30
Harefield Lane	—	—	—	6	6
Heath End Road	—	—	—	2	3
The Lawns, Arbury	—	—	—	3	4
Mill Gardens	—	—	—	4	4
Total ...	—	—	—	62	79

Chilvers Coton East.					
Avenue Road	—	—	—	2	2
Bridge Street	—	—	—	2	4
Total ...	—	—	—	4	6

TOTALS.

	Dry Ash-places.	Sewers available. Ashpits.	Privies.	Sewers not available.	
				Ashpits.	Privies.
Nuneaton St. Nicholas	—	1	2	12	21
Attleborough	—	—	—	6	8
St. Mary's	—	—	—	1	3
Stockingford	—	—	—	5	5
Galley Common	—	—	—	46	68
Chilvers Coton East	—	—	—	4	6
Chilvers Coton West	—	—	—	62	79
Totals ...	—	1	2	136	190

SCAVENGING.

The new refuse disposal plant at the St. Mary's Road Depot was put into commission on July 17th, 1930. This plant up to the end of the year under review dealt with 4,046 tons of refuse. The other refuse, totalling 6,786 tons, was deposited at the Stockingford tip, where controlled tipping is in operation.

The disposal plant will deal with the majority of our refuse in future, the Stockingford tip will be used for about 17% of the total refuse. The reason for the continuance of the tip is its proximity to the Stockingford area, thereby reducing the length of haulage and consequently the cost of disposal.

I give below a table of conversions carried out between the years 1922 and 1930:—

District.	PRIVIES CONVERTED									
	1922	1923	1924	1925	1926	1927	1928	1929	1930	Total
St. Nicholas ...	7	2	2	2	1	1				15
Attleborough ...	17	10	11	4	1	1			5	49
St. Mary's ...	15	13	25	3	2	1				59
Stockingford ...	12	30	65	9	12					128
Galley Common .		13	10	17	110	2				152
Chilvers Coton E	3	10	12	3						28
„ „ W	8	5	14	12	10	8	5	101	4	167
Total ...	62	83	139	50	136	13	5	101	9	598

INSPECTIONS BY SANITARY INSPECTORS, 1930.

To Dwelling Houses.

Disinfections after infectious disease ...	...	...	...	353
Disinfections for vermin ...	...	...	...	39
Re infectious diseases ...	...	...	...	339
For Drain testing ...	...	...	...	29
Applications for Corporation Houses ...	...	...	...	425
Inspections under Housing Acts ...	...	...	...	63

To other Premises.

Factories and Workshops ...	...	...	...	11
Lodging House ...	...	...	...	8
Knacker's Yard ...	...	...	...	4
Offensive Trades ...	...	...	...	5
Petrol and Carbide Licences ...	...	...	...	128
Van Grounds and Van Inspections ...	...	...	...	46
Smoke Observations ...	...	...	...	15

To Food Preparing Places.

Meat Preparing Places ...	...	...	...	134
Fried Fish Shops ...	...	...	...	24
Slaughterhouses ...	...	...	...	618
Dairies, Milkshops and Cowsheds ...	...	...	...	127
Abattoir ...	...	...	...	326
Bakehouses ...	...	...	...	35
Ice Cream Premises ...	...	...	...	21
Butchers' Shops, Stalls, and Vans ...	...	...	...	328

Miscellaneous Visits.

Miscellaneous Visits ...	...	...	...	2595
Samples of Water for Analysis ...	...	...	...	11
Letters sent (re nuisances) ...	...	...	...	174

LIST OF FACTORIES, WORKSHOPS AND OUTWORKERS.

Description of Factory.	St. Mary's.	St. Nicholas.	Stocking- ford.	Chilvers Coton.	Total
Factories—					
Hosiery	1	2	—	1	4
Clothiers	2	1	—	1	4
Needle Making	—	1	—	—	1
Hat Making	1	—	—	—	1
Boot Repairing	—	2	—	—	2
Shoe Heel Making	2	—	—	—	2
Cardboard Box Making ..	1	—	—	—	1
Leather Making	—	1	—	—	1
Weaving	—	4	—	—	4
Sports Requisites	—	2	—	—	2
Dye Works	—	1	—	—	1
Engineering	2	1	—	4	7
Timber Works	—	1	1	—	2
Wool Spinning	—	2	—	—	2
Printing	—	6	—	—	6
Flour Mills	—	1	—	—	1
Electricity Works	—	—	—	1	1
Laundry	—	1	—	1	2
Silk Spinning	—	—	—	1	1
Workshops—					
Tailoring	1	3	—	1	5
Millinery	1	7	—	—	8
Dressmaking	—	2	—	1	3
Carriage Builder	—	1	—	—	1
Wagon Builders and Repairers	—	3	1	—	4
Carpenters	1	1	1	—	3
Boot Repairers	1	2	1	—	4
Saddlers	1	1	—	—	2
Shoeing Smiths	—	1	—	1	2
Motor and Cycle Repairers	2	6	1	3	12
Scale Repairer	—	1	—	—	1
Bakers	8	12	8	5	33
Watch Repairers	3	4	—	—	7
Photographers	1	—	—	1	2
Electricians	2	—	—	1	3
Gut Scraper	—	1	—	—	1
Upholsterer	—	1	—	—	1
Cleaners and Dyers	—	1	—	—	1
Signwriters	1	—	—	1	2
Marble Masons	—	1	—	—	1
Beer Bottler	—	—	—	1	1

NUISANCES ABATED, 1930.

Dwelling Houses—

Defective walls and ceilings repaired	...	...	...	3
Roofs repaired	...	...	...	91
Chimneys repaired	...	...	...	34
Spouting repaired or new provided	...	...	...	81
Filthy houses cleansed	...	...	...	16
Defective floors repaired or renewed	...	...	...	10
New wash-houses provided	...	...	...	3
Windows made to open	...	...	...	20
Fireplaces repaired or rebuilt	...	...	...	22
Coppers repaired or rebuilt	...	...	...	12
New sinks provided	...	...	...	7
Sinks refixed and waste pipes provided	...	...	...	4
Houses provided with damp-proof courses	...	...	...	3
Water supply improved	...	...	...	3
Yard paving repaired	...	...	...	7
Houses re-pointed	...	...	...	18

Drainage, etc.—

Drainage cleared from obstruction	...	...	...	264
Drainage inspection chambers provided or repaired	...	...	...	13
New drainage provided	...	...	...	10
New gullies provided	...	...	...	6
Defective drainage repaired	...	...	...	2
Cesspools abolished	...	...	...	4
Ventilation shafts renewed	...	...	...	2

Closet Accommodation—

Water closet cisterns repaired	...	...	...	14
New water closet cisterns provided	...	...	...	8
Water closets thoroughly repaired	...	...	...	43
Privies converted into water closets	...	...	...	10
Additional water closets provided	...	...	...	8
New w.c. basins and traps provided	7

Domestic Refuse—

Dustbins provided	134
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Other Nuisances—

Offensive accumulations removed	3
Bakehouses limewashed	15

SCHOOLS.

There are 14 schools in the area, of which 6 are provided schools and 8 non-provided.

All the schools are supplied with town water. The schools' sewage is disposed of by water carriage system with the exception of Galley Common, which has its own sewage works.

It was not found necessary to close any school or part of a school during 1930 on account of Infectious Disease.

Particulars of the number of cases of notifiable infectious diseases occurring in the school child will be found under the Infectious Diseases table.

The same organization for the prevention of spread of disease in schools has been carried out in 1930, as in the previous years.

Infectious diseases in children of school age during 1930:—

	Age	5	6	7	8	9	10	11	12	13	14
Scarlet Fever		2	7	5	8	3	6	6	2	—	1
Diphtheria		4	25	9	3	3	8	6	5	3	2
Chickenpox		12	17	4	5	1	2	—	—	1	1
Pneumonia		5	6	1	2	4	1	3	3	1	—
Erysipelas		—	—	—	—	—	—	—	—	—	—
Smallpox		1	3	2	5	11	6	8	4	6	1
Tuberculosis:—											
Lungs		—	1	2	—	—	—	1	1	1	1
Other		1	1	2	1	—	—	—	—	1	—
Encephalitis											
Lethargica		—	—	—	—	—	—	—	—	—	—

RAG FLOCK ACTS, 1911 & 1928.

There are no manufacturers of rag flock within the Borough. One upholstery firm, however, uses this kind of flock in their business. Supplies of the material used bear the certificate of the manufacturing firms, and it was therefore not necessary to obtain supplies for examination.

RAT REPRESSION.

The eradication of this dangerous pest continues to have the active support of this Department. Visits have been paid to premises infested, advice given on eradication, and where thought necessary the drainage systems have been tested.

The practice of paying three halfpence for each rat destroyed within the Borough has been continued, and during the year under review 1,533 rats were brought in.

During the official rat week, letters and circulars were sent out to occupiers of premises liable to infestation, and chemists were requested to make a special window display of raticides.

SMOKE ABATEMENT.

During the year fifteen fixed observations, in addition to many general observations, have been made on the various works chimneys in the Borough, with satisfactory results.

The Council have not yet adopted the Model Bye-laws for Smoke Abatement.

HOUSING.

(a)—Statistics.

Number of new houses erected during the year.—

(a) Total (including numbers given separately under (b))	212
(i) By the Local Authority	107
(ii) By other Local Authorities	—
(iii) By other bodies and persons	105
(b) With State assistance under the Housing Acts:—	
(i) By the Local Authority	107
(a) For the purpose of Part II of the Act of 1925	—
(b) For the purpose of Part III of the Act of 1925	107
(c) For other purposes	—
(ii) By other bodies or persons	4

1.—Inspection of dwelling houses during the year:—

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) and the number of inspections made	827
(2) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925, and the number of inspections made	63
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	7
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	334

2.—Remedy of defects during the year without the Service of formal Notices:—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	282
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3.—Action under Statutory Powers during the year:—

(A) Proceedings under Section 3 of the Housing Act, 1925:	
(1) No. of dwelling-houses in respect of which notices were served requiring repairs	1
(2) No. of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By owners	—
(b) By Local Authority in default of owners ...	—
(3) No. of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	1

(B) Proceedings under Public Health Acts:—

- (1) No. of dwelling-houses in respect of which notices were served requiring defects to be remedied ... 52
- (2) No. of dwelling-houses in which defects were remedied after service of formal notices:—
- (a) By owners ... 52
- (b) By Local Authority in default of owners ... —

(C) Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925, and Amending Act 1930:—

- (1) No. of representations made with a view to the making of Closing Orders ... 3
- (2) No. of dwelling-houses in respect of which Closing Orders were made ... —
- (3) No. of dwelling-houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit ... —
- (4) No. of dwelling-houses in respect of which Demolition Orders were made ... —
- (5) No. of dwelling-houses demolished in pursuance of Demolition Orders ... —

(These figures represent actual structural alterations to houses and do not include matters dealt with merely as nuisances.)

4.—Number of houses owned by the Local Authority distinguishing those built in the last two years and held under

	Built prior to 1929.		Built 1929-30.	
(1) Part III of the Housing Act 1925	601	...	341	
(2) Part II of the Housing Act 1925	—	...	—	
(3) Other powers	...	...	—	...

(These figures include those houses which are occupied by tenant purchasers.)

BUILDING PROGRESS.

The following table shows the progress of house building in the Borough between the years 1921 and 1930.

	Corporation.		Private Enterprise.	
1921	122	...	39
1922	92	...	33
1923	—	...	89
1924	34	...	90

1925.

New Houses	Nuneaton	Attle- borough	St. Marys	Stock- ingford	Galley Common	Coton East	Coton West	Total
Private Enterprise:—								
Subsidised	25	—	33	23	—	73	—	154
Non-Subsidised ...	5	—	3	—	—	—	1	9
Municipal	—	34	—	9	—	—	—	43
	30	34	36	32	—	73	1	206

1926.

Private Enterprise:—								
Subsidised	24	15	9	20	1	52	38	159
Non-Subsidised ...	1	4	—	3	—	2	—	10
Municipal	—	—	—	96	—	—	—	96
	25	19	9	119	1	54	38	265

1927.

Private Enterprise:—								
Subsidised	23	18	37	3	3	52	14	150
Non-Subsidised ...	1	3	—	3	1	3	2	13
Municipal	—	—	—	134	—	—	—	134
	24	21	37	140	4	55	16	297

1928.

Private Enterprise:—								
Subsidised	10	12	16	2	—	31	4	75
Non-Subsidised ...	9	7	3	4	1	2	11	37
Municipal	—	—	80	—	—	—	—	80
	19	19	99	6	1	33	15	192

1929.

Private Enterprise:—								
Subsidised	16	18	31	3	3	14	2	87
Non-Subsidised ...	4	8	1	11	3	4	9	40
Municipal	—	232	9	—	—	—	—	241
	20	258	41	14	6	18	11	368

1930.

Private Enterprise:—								
Subsidised	—	—	—	—	—	—	4	4
Non-Subsidised ...	16	9	12	23	4	29	8	101
Municipal	—	41	—	66	—	—	—	107
	16	50	12	89	4	29	12	212

1540

620

12830

320

HOUSING CONDITIONS.

1. General observations as to housing conditions.

The housing in this Borough may be divided roughly into two classes, viz.: those built prior to 1891 and those built after that year. This latter period is represented by approximately 7,114 houses out of a total of 10,384 (on the 1st October, 1930), so that two-thirds of our housing may be called modern. Speaking generally the house built during this latter period are good habitable houses, through ventilated, modern sanitary conveniences, well supplied with water and with paved areas, and in most cases gardens front and rear. The houses are brick built with few exceptions, and have tiled or slated roofs. The remaining 3,270 houses belong to the older period and are found in the more congested parts of the Borough, quite a number being situated in Courts.

The defects prevailing in this latter class of house are:—

Dampness due to absence of damp-proof courses.

Perished brickwork.

Floors defective.

Absence of food storage accommodation.

Absence of washing accommodation.

Absence of window ventilation.

Quite a large number of these houses will be dealt with under the Housing Acts, but with the present housing shortage it is an impossibility to deal with this class of property as one would wish; every endeavour, however, is being made to secure that the more urgent defects are remedied by strict application of the Public Health Acts.

The following table, supplied by the Borough Treasurer's department, gives the number of houses at rateable values varying from £6 and under, to £25 and over.

Gross Rateable Value of Houses at the 1st October, 1930.

£6 and under 1024	£7 and under 660	£8 and under 865	£9 and under 1738	£10 and under 1885	£11 and under 1147
£12 and under 366	£13 and under 283	£14 and under 321	£15 and under 209	£16 and under 114	£17 and under 469
£18 and under 96	£19 and under 264	£20 and under 61	£21 and under 48	£22 and under 107	£23 and under 15
£24 and under 79	£25 and under 3	Over £25 630	Total. 10,384		

If the limit of rateable value of working-class houses is taken as £13, it will be seen from the table that there are within the Borough 7,968 houses at or under that figure.

SUFFICIENCY OF SUPPLY OF HOUSES.

The following report was submitted to the Council in December 1930, and adopted as the future policy to overcome the housing shortage.

“ I have the honour to submit to you a statement of the requirements of the Borough as regards the housing needs on the lines suggested in the Ministry of Health Circular 1153.

This report has to be divided into two sections—1. New housing accommodation to meet the requirements of the town within the next five years (1924 Act); 2. Number of new houses to be built during the next five years to re-house persons from unfit houses, etc. (1930 Act).

In dealing with No. 1, i.e., houses to be built under the 1924 Act, the applicants for houses on our books have been carefully reviewed. The persons who have applied to the Corporation, who are at present in houses, which in the course of the next five years are likely to be demolished have been deleted.

The number of applicants on our books I consider not to be a true record, in view of the fact that a very large number of persons urgently requiring a house, because of overcrowding, etc., have not, during the last year applied to my department, as they know that the likelihood of securing a house has been nil.

I have, therefore, met this deficiency, in the number of house applicants, by taking later in this report, the total increase of population as being dealt with by Corporation houses.

The number of applicants of which we have detailed records is 310.

Overcrowding cases of which we have records number 106.

This number is not included in the above figure of 310 house applicants.

In considering the number of houses required one cannot overlook the needs of the newly married. A very large number of single men and women apply for houses prior to marriage, but unfortunately these people have had to be told that under present circumstances it is impossible to allocate houses to them.

Accurate records have not been kept of these people but I estimate that 50 houses will be required per annum for their needs. This figure does not include those persons who will be able to build houses or be dealt with by private enterprise.

The normal growth of the town also calls for additional houses. Taking the population of 1920 which was 41,128 and in 1929 45,490—the increase of population 4,362. This gives a yearly average increase of 436.2 persons.

On the assumption of 5 persons per house this calls for 87 houses per annum, or 435 during the next five years. It is estimated that 5% of these houses will be required for other than working-class persons and the net number required for houses of the working-class is therefore reduced to 413.

In considering the total houses required within the next five years I think it must be borne in mind the type of the area and the circumstances of the great majority of people.

The area is mainly an industrial one with outlying rural parts, mining being the chief occupation for males, and the next in order of numbers being transport and communication workers.

I mention these facts to show that the number of houses required year by year to deal with the increase of population will have to be met by the Corporation with houses to rent, as only a small proportion of the people will be able to take advantage of houses built by private enterprise.

A certain number of houses will have to be built in order that street improvements can be carried out; such improvements demanding the demolition of houses in order that the work can be carried out.

The Borough Surveyor has kindly supplied the necessary figures and 42 houses will be required for persons de-housed through road improvements, new roads, etc.

Housing Act 1924.

Houses required:—

1. Applicants on books	...	310
2. To abate overcrowding	...	106
3. For newly married persons...		250
4. Increase of population	...	413

1079

5. Houses required for street improvements, trade buildings involving demolition of dwelling houses, etc.	...	64
---	-----	----

1143

Houses required to be built under the 1930 Act, i.e., houses to replace ones demolished have also to be considered. In dealing with this problem I have not taken into account the houses which will in the course of the next few years be demolished for street improvements, new streets, etc.

I consider that the property which will have to be demolished during the next five years can best be dealt with as individual houses under the Act. In certain places in the town there are houses adjoining each other which will have to be dealt with, but I do not consider that a case can be made out for a clearance scheme.

There are parts of the town where the streets are narrow for the present traffic conditions but I do not think that one can utilise this Act in order that highways can be widened or made, etc.

I have, in conjunction with Mr. Andrew and Mr. Mortimer, carefully gone into the figures given below as regards the houses which, when other accommodation is available will be pulled down, and the figures for the district as a whole is 72.

Houses required under 1924 Act	...	1143
Houses required under 1930 Act	...	72

1215

Considering this total I have had in mind the building activities of private enterprise. I give below the number of subsidy houses built during the last five years:—

1925	...	...	...	154
1926	...	...	...	159
1927	...	...	...	150
1928	...	...	...	75
1929	...	...	...	87

These houses were built with subsidy under the Housing Act 1923 and it will be remembered that this subsidy is now withdrawn.

The total figure of 1,215 I think is a reasonable one for building programme by the Council for the next five years, taking into consideration the houses which it is hoped will be built by private enterprise.

In considering the foregoing figures the Committee will have to decide on the number of houses they will endeavour to build year by year.

The Ministry of Health Circular 1153 (Section 5) points out as regards housing activities the following:—

“ In approaching the preparation of a statement the Council will have before them information of the housing needs of their area, and experience to guide them in estimating the number of houses that can without unreasonably straining the financial and material resources available, be provided by them in the next five years, and the number of houses that it may be expected will be provided in the same period by private enterprise (including public utility societies and other voluntary agencies). ”

I have therefore consulted the Borough Treasurer as regards the future housing programme from the financial aspect.

The following yearly building programme is suggested for your consideration:—

1st year	...	...	300
2nd „	...	...	300
3rd „	...	...	215
4th „	...	...	200
5th „	...	...	200
			<hr/> 1215

HOUSING ACT 1930 (Section 25 (2)).

FORM OF QUINQUENNIAL STATEMENT.

NOTE.—In this Table no account is taken of housing accommodation provided by the Council otherwise than under the Act of 1924 or of re-housing accommodation provided for purposes other than those of the Act of 1930. If work of this kind is anticipated a brief note of its extent should be appended.

Name of Local Authority	...	...	...	Nuneaton.
Population (estimated figure for middle of 1929	...	...	...	45,490
Number of inhabited houses (according to rate books)	...	...	...	9,617

A.	Estimated production of houses by the Local Authority during the next five years	1,215
B.	Estimated production of new houses of working class type by private enterprise during the next five years:—	
	(i) With subsidy under the Act of 1924	—
	(ii) Under arrangements made under Section 29 of the Act of 1930	—
	(iii) Otherwise	200
	Total	<u>1,415</u>
C.	Estimated number of new houses to be allocated by the Local Authority during the next five years to the purposes of the Housing Act, 1930 (i.e., the purposes of E and F)	72
D.	Estimated number of new houses to be allocated by the Local Authority during the next five years to the purposes of the Act of 1924 (i.e., new housing)	1,143
	Total	<u>1,215</u>
E.	Estimated number of houses to be demolished during the next five years:—	
	(i) In clearance areas	—
	(ii) In improvement areas:—	
	(a) for opening the area	—
	(b) as unfit houses	—
	(iii) Individual houses outside clearance and improvement areas	72
	Total	<u>72</u>
F.	Estimated number of persons to be displaced during the next five years:—	
	(i) By any of the processes mentioned in E.	288
	(ii) To abate overcrowding in improvement areas	—
	Total	<u>288</u>
G.	Estimated number of houses to be repaired under Part II of the Housing Act 1930, during the next five years	103

NOTE.—If the annual rate of production, clearance, etc., is not estimated to be approximately constant a note giving an estimate for each year of the period should be appended.

Estimated yearly building programme:—

1st year	...	...	300
2nd „	...	...	300
3rd „	...	...	215
4th „	...	...	200
5th „	...	...	200

OVERCROWDING.

The figures in the foregoing portion of this report mainly 106 recorded cases of overcrowding, is far short of the total number. I do not propose to give an estimate of the total extent of overcrowding in the Borough, as the figures one may arrive at could not be considered an accurate one. The cause of overcrowding in the vast majority of cases, is the shortage of houses. The question of the ability or otherwise to pay the rent of newly-built houses in certain cases has and will have a bearing on the overcrowding in our town. The present conditions of overcrowding in the main, however, are not due to the inability to pay the rent, but the inability of being able to obtain a house or other accommodation.

The staff of the department are continually doing all in their power to overcome overcrowding and with the help of the Housing Committee many cases have been dealt with.

We have, with the help of many private owners, been able to get houses for persons from overcrowded houses. Many of the private owners of property have been most helpful in co-operating with the department in our endeavour to mitigate overcrowding.

The Housing Committee, when allocating houses to applicants have before them the various cases of overcrowding, but so far the number of applications per house has been so great that only a small proportion of cases have been dealt with.

4.—Fitness of Houses.

It will be seen elsewhere in this report that during the period under review quite a number of housing defects have been remedied. These were carried out upon action under the Public Health Acts. In only one instance was action commenced under Section 3 of the Housing Act 1925 and in this case the house was vacated and the owners declared their intention to close the same as a dwelling house.

No difficulties of a particular nature were experienced in securing the abatement of nuisances.

Lists of dwelling houses which are unfit for human habitation and are not capable of being made fit, have been compiled. Those houses which, whilst being at present unfit because of serious defects and yet are capable of being rendered fit for human

habitation, have also been scheduled. It is impracticable to put into operation the machinery of the Housing Act because of the absence of alternative accommodation for displaced tenants.

Supervision on these properties is maintained, and small defects which appear from time to time are noted and the necessary action taken. These properties are to be reported upon at a later date, so it is obviously unfair to call upon the owners to carry out any expensive work of alteration.

Almost all of the property in the Borough obtain water from the Corporation supply; very few private wells remain. There is a considerable number of houses without a separate internal supply. These houses obtain water from a common stand tap in the common back yards and Courts.

An inspection of the district has revealed that approximately 681 houses are supplied with water by means of such stand taps and that 13 houses obtain their supplies from private wells. Samples of these wells are taken from time to time to ascertain the purity of the supply.

With respect to closet accommodation, it would appear that with the exception of one house, all the properties in the Borough are supplied with closet accommodation within their own curtilage.

5.—Unhealthy Areas.

There is no large area in the Borough which could usefully be scheduled as an unhealthy area. There are, however, a few collections of houses which should be demolished or much improved as soon as alternative accommodation becomes available.

MILK SUPPLY.

There are 58 cowkeepers and 64 retailers of milk within the Borough.

The milk supply has been closely supervised, both at the source and during distribution. Samples are taken for bacteriological count and where unsatisfactory the farms are visited and the methods employed, both by the producer and retailer, investigated.

During the year 127 visits were made to the dairies, cowsheds and milkshops in the Borough.

The public demand for milk to be delivered in bottles appears to be increasing, and one looks forward to the time when this form of distribution will be the only one existing.

I am pleased to report that the standard of cleanliness in our milk supply has been maintained.

The distribution of Grade A milk has obtained a firm hold in the Borough, and eighteen retailers were granted the necessary licence to retail the same. This class of milk is produced by two farmers outside the Borough and one within the Borough.

A licence to produce Pasteurised milk was granted.

Samples of graded milk have been taken regularly in course of delivery and found to comply with the standards required by the Milk (Special Designations) Order 1923.

The average daily amount of graded milk delivered within the Borough is as follows:—

Grade A milk	...	125 gallons.
Pasteurised milk	...	700 gallons.

Examination of milk supplies for bacteriological count.—

Number of samples obtained	...	42
Number of samples satisfactory	...	31
Number of samples unsatisfactory	...	11

In the cases where an unsatisfactory report was obtained the necessary action was taken and the supply re-sampled. Improvement was noted in most of the cases. Five of the unsatisfactory supplies do not now come into the Borough.

MEAT AND FOOD CONDEMNED, 1930.

	Number of affected Carcases.	Weight (lbs.) condemned.	
		Tubercular	Non-Tubercular
Beasts	112	10,661	1,264
Calves	1	—	224
Sheep	5	—	286
Pigs	123	4,366	858
Total	241	15,027	2,632

Sundry Foods:—

Rabbits	...	264	unsound.
Peas	...	5 bags	„
Tinned tongue	...	12 lbs.	„
Beast tongues	...	24 lbs.	„
Tinned beef	...	12 lbs.	„
Duck	...	5 lbs.	„
Fish	...	6 boxes	„
Prawns	...	32 lbs.	„

I commented in my annual report last year upon the increase of Tuberculosis amongst pigs. It will be seen from the above figures that again this year the high figure is maintained.

It is worthy of note that during the year no animal has been dealt with under the Tuberculosis Order 1925 in any of the slaughterhouses within the Borough.

One wonders if the notification of tuberculosis amongst cows is sent to the responsible authority as is required by the Order. I have no doubt that if Veterinary Inspection of the cows of this district was again instituted much good would be forthcoming.

HEALTH EDUCATION.

The department has during the year continued the issue of "Better Health," which deals with all sides of Public Health. This book has been issued to the senior school children at all schools; to the mother at the Welfare Centres, and through various other agencies.

The dissemination of knowledge on nutrition is taken into the homes by the Health Visitors. This work is showing definite progress. The results are seen at the Clinics in the change of the child's health when the proper value of food stuffs is realised by the parents.

The general work carried out by the department is all of educational value in Health matters. The Clinics, Health Visitors, Sanitary Inspectors, School Nurses, etc., through their daily work, are teaching health principles throughout the town.

It is, in my opinion, better to keep on day by day and year by year, trying to raise the standard of health in the country, rather than have a special stunt or two once in a while.

INFECTIOUS DISEASE.

The method of ascertainment of the prevalence of Infectious Disease is in the main through the notification by Medical Practitioners. The information obtained from the schools, Health Visitors, School Nurses, etc., is also of help in the tracing of missed cases and the finding out the prevalence of non-notifiable diseases.

During the year 1930 Scarlet Fever showed a marked drop on the previous year's figures.

The type of case was of a mild character causing no deaths.

Where possible, cases were nursed in the homes, supervision by the Isolation Hospital staff being carried out.

Artificial immunization for this disease was not made use of by the Department during the year.

Diphtheria was notified in 115 instances, causing 4 deaths during the year.

Antitoxin is issued by the Department and is used promptly by practitioners. Artificial immunization has not been used.

The following report was made in January on an outbreak of diphtheria in Attleborough area.

DIPHTHERIA.

During the early part of the year an outbreak of diphtheria occurred in our schools and the following report was submitted to the Ministry of Health:—

"I am dealing only with cases relating to Attleborough School, and not taking into account certain sporadic cases which occurred in the Borough at about the same time, which had, as far as investigation showed, no relation to the ones occurring in the aforementioned school.

On the 24th January I was called out in consultation with a private practitioner to a female child, age 6 years, whom I diagnosed as an advanced case of diphtheria. The case was removed to Hospital.

On the 26th January—Sunday—I was informed, by telephone, by a private practitioner in the town of an advanced case of diphtheria in a female child age 6 years, Attleborough Council School, Infant Department, who had just been seen by him for the first time. The case, I was informed, was severely ill. I arranged for immediate admission to Hospital; the child died one hour after admission to Hospital from diphtheria, the immediate cause of death being Heart Failure. The usual precaution of disinfection in the home, etc., was carried out on the 27th January. A second case occurred in the same house on the 3rd February, a girl age 11 years, who made a complete recovery.

28th January. Two cases were notified—One, a boy age 6 years, the other a boy age 9 years. A non-school child, age $2\frac{1}{2}$ years, in the same district was also notified. We then had three cases of diphtheria in the one class in the same school, or in the same age group. On this day the class affected was visited, but no definite case of diphtheria was found.

The condition of the throats of roughly 90% of all school children during this period of the year shows some injection of the fauces and tonsils. It is not possible to diagnose early diphtheria from the injected condition of the throat when the great majority of children have throat conditions.

During the summer months the throats of children have a different aspect and one can sort out cases likely to be in the early stages of diphtheria.

2nd February. The school was again visited and the conditions of the throats were as stated above, and it was impossible to say whether any of the children were likely to develop diphtheria, nevertheless some children without clinical signs of diphtheria were excluded as they appeared to be not in full normal health. Four swabs were returned positive from Birmingham University on the 6th February from these children, and they were treated by their own doctors who later notified them on the swab results.

3rd February. Two cases were notified of children from the same class, both girls age 6 years.

4th February. One case of a youth—age 17 years—who lived in a house next door to a notified case was notified; this case, I think, was contracted by visiting the next door house.

5th February. The school was again visited and children examined—no suspicious cases were found.

6th February. Having regard to the conditions generally prevailing in the throats of all school children and the inability of a clinical diagnosis being able to be made of diphtheria before membrane is seen, I decided to swab the class affected.

The question of taking swabs for virulence was out of the question on account of expense. I decided to treat all cases of

positive swabs in the classes as definite diphtheria even though no clinical signs could be found. Although this method is open to criticism I consider that it better to treat some cases as definite diphtheria than miss one virulent case, which is likely to be done if only clinical findings are relied upon.

The four cases before mentioned—on the 2nd February—which were reported as having positive swabs occurred in the six year old group and two in the mixed school which had been inspected on the 2nd February.

7th February. The school was again inspected and swabs taken of 24 children.

10th February. The Mixed Department of the school was examined and swabs taken of one class where a case had occurred. Six positive swabs in children of the six year age group were returned and the children were isolated and treated by private practitioners.

11th February. Children examined in infected schools and swabs taken of one class.

12th February. One case of diphtheria notified in a house where a child had been returned home with a positive swab. Infant and Mixed Departments visited. Two classes swabbed.

13th February. Two cases treated as a result of swabbing. Age Group 8-10 years.

14th February. Two cases, positive swabs referred to their own doctors. Cases notified at later dates by private doctors. Age Group 6 years. School visited and nothing suspicious found.

15th February. Five positive swabs returned and were notified later by doctors—all 6 year age group.

17th February. Infant and Mixed Departments in School visited—nothing suspicious found.

19th February. Two cases notified by private practitioners—clinically diphtheria—ages 14 and 10 years—these cases occurred in a street where nearly all the cases occurred. A baby also notified, age two years nine months, in the same street.

20th February. Infant Department of the School visited and children examined.

21st February. A child aged four notified from the same area.

27th February. A child aged seven years notified from the Infant Department of the School.

1st March. One child aged seven years notified as diphtheria in the same area.

4th March. A child aged four years notified—second case in house.

No case of diphtheria in this area since the 4th March.

In addition to the school being visited all absentees were visited by the School Nurses.

The procedure of swabbing the throats of the children in the School is open to criticism in view of the recently published report, but I feel that under the circumstances it was worth while, considering the time of the year and the catarrhal conditions present in most of the children.

From the statistical point of view the method adopted, probably, gives one more notifications than one has of true diphtheria, but I think, as before stated, it is better to treat several cases with positive swabs as true diphtheria than miss one virulent case by waiting for definite signs.

The people in the area would not carry out isolation of suspects unless a rigid and definite procedure was adopted and the result of the swabbing told to them.

I had no trouble in isolating the cases in their homes and hospital treatment was given to those cases where isolation was inadequate in the home.

My fellow practitioners in the town co-operated wholeheartedly with me in endeavouring to bring the outbreak to an early end."

MEASLES.

Notification of Measles of children under 5 years of age is in force in the Borough.

428 cases were notified by parents and doctors. All these cases were home visited by the Hospital staff. No deaths occurred from this disease. The people are, I think, gradually realising that Measles is not a trivial disease and more precautions are being taken in order to avoid the various often fatal complications.

During the year two cases of Measles were admitted to the Isolation Hospital.

SMALLPOX.

Smallpox broke out in Nuneaton in the beginning of the year. It was confined, almost exclusively, to the Stockingford district.

The first case occurred in January and altogether 92 cases were recorded. Of these 92 cases, 90 had never been vaccinated and of the other two both were vaccinated in infancy and one re-vaccinated during the war in 1914; their ages being 51 and 35 years. These, therefore, do not count at all as vaccinated persons.

The figures given above would tend to show the value of vaccination—not a single case having occurred in a person recently vaccinated, e.g., within the last ten years. Vaccination has fallen into disuse to a large extent, and whereas in the past it was considered the natural course of events to have babies vaccinated and re-vaccinated at a later period, now vaccination is hardly ever carried out and the population is not adequately protected against smallpox.

The first batch of cases, 14 in all, were sent to Pinley Hospital for treatment, but on the 26th of February we were informed that Pinley could receive no further cases owing to lack of accommodation. Accordingly, the ordinary infectious cases at Bramcote were transferred to Tuttle Hill, and Bramcote was used solely as a smallpox Hospital. The transference was carried out expeditiously the same day and without a hitch.

That day the Ministry of Health sent an official to inspect our arrangements and he expressed complete approval of the methods adopted, including the non-closing of schools, visitation of contacts and hospital arrangements.

The outbreak was, fortunately, a mild one, only one death having occurred. Marked pitting of the skin, after discharge from Hospital of the patients, has been absent, except in one or two cases.

The number of contacts was 633; visits paid to contacts, 7,792; visits to absentees 2,552; the total number of visits made is therefore 10,344.

On the 12th March, another official from the Ministry of Health made an inspection, and he, too, expressed complete satisfaction with the methods adopted for the detection of fresh cases and the control of contacts.

When the epidemic appeared to be well in hand, a new and completely different course of infection arose. The disease broke out in a Hinckley factory in April and several Nuneaton people working there were involved.

The fresh contacts were followed up as in the first outbreak and the same methods carried out in regard to visiting of contacts, etc.

The last case occurred on the 17th June; Bramcote was disinfected on the 11th July and re-disinfected on the 15th July. The infectious cases from Tuttle Hill were transferred to Bramcote on

[illegible]

This disease was treated after 26th February at Bramcote Hospital, prior to this date cases were sent to Pinley Hospital, Coventry.

The type of disease was, on the whole, mild, and complications rare.

One case died, due to toxæmia. Osteomyelitis occurred in one fairly severe case and had to be operated upon.

PUBLIC HEALTH (SMALLPOX PREVENTION) REGULATION 1917.

Under the above regulation, eleven vaccinations were performed by the Medical Officer of Health, all these vaccinations were upon members of the Department.

PNEUMONIA.

The notification of Pneumonia has been on the whole satisfactory. This disease takes a large yearly toll of life, especially at the extremes of the age groups. The Corporation supply nursing in the homes for cases through the staff of the Isolation Hospital. This work which has been well carried out is now more difficult to administrate, due to the fact of the infectious disease cases being removed from the Tuttle Hill Hospital to Bramcote Hospital.

The increased distance which the staff has now to travel to visit cases, calls for a review of the position.

All notified cases nursed at home have been dealt with during 1930. A certain number of cases are treated in the General Hospital, also in the Institute in College Street.

During the year 111 cases were notified, of this 24.4% died.

It will be observed from the table at the end of this section the great majority of cases occurred in the 1-5, 5-15, and 25-45 Age Groups.

TUBERCULOSIS.

The Coventry and Warwickshire Joint Tuberculosis Committee are the responsible Authority for the treatment of Tuberculosis in the Borough.

We have a local Tuberculosis Officer in the town who is in charge of the local Dispensary.

The work of the Dispensary is very helpful to this Department for diagnosis, etc.

The closest co-operation exists between Dr. Williams (Chief Tuberculosis Officer), Dr. Ogg (the Assistant Tuberculosis Officer) and this Department.

I am indebted to Dr. Williams for the details of the work carried out in the Borough at the Dispensary.

No action has had to be taken under the Public Health (Prevention of Tuberculosis) Regulation Act 1925 or Section 2 of the Public Health Act 1925 during 1930.

The notification of Tuberculosis is on the whole satisfactory, the number of deaths from this disease which had not been previously notified was 8.

All instances of deaths from Tuberculosis of which this department have not been previously notified are fully investigated.

TUBERCULOSIS.

New Cases.						Deaths.			
Age Period.	Pulmonary.		Non-Pulmonary.			Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.		M.	F.	M.	F.
0- 1									
1- 5			3	1		1		1	1
5-10	2	1	5			1	1		
10-15	3	2	1			1	1		
15-20	2	2	1	3		1	2	1	
20-25	5	6				3	5		
25-35	5	9	1	4		4	5	1	
35-45	4	2				1	1	1	
45-55	3	3	1			2	3		
55-65	2	3				2			
65-over		2					2		
Totals	26	30	12	8		16	20	4	1

NUNEATON TUBERCULOSIS DISPENSARY.

REPORT, 1930.

New Patients:—

Adults—Male	...	...	...	...	85
Female		...	...	...	80
Children—Male	...	...	...	...	56
Female		...	...	...	37
					258
Pulmonary	...	...	...	...	49
Non-pulmonary	...	...	...	...	15
Not Tuberculous	...	...	...	...	194
Doubtful—under observation at end of year					0
					258

		Put on Dispensary			
		On Dispensary	Treatment		
		Treatment 1/1/30	during 1930	Total	
Adults	.....	10	...	2	12
Children	.....	4	...	1	5
					17
Contacts			Not		Doubtful—under
Examined	Tuberculous		Tuberculous		observation
77	6	...	71	...	0

Children:—

		Pulmonary		Non-Pulmonary		Not Tuberculous		Under observation 31/12/30
Boys	.....	5	...	7	...	44	...	0
Girls	.....	5	...	5	...	27	...	0

Age Periods:—

0-5	5-10	10-15	15-20	20-25	25-30	30-35
5	11	6	5	12	10	4
35-40	40-45	45-50	50-55	55-60	Over 60	
3	4	2	1	0	1	= 64

Teeth:—

...	Good	Bad	Pyorrhœa	Dentures	Total
	36	18	0	10	64

Family History:—

Near Relatives Affected.	Distant Relatives Affected.	Negative Family History.	Total.
14	4	46	64

Stage of Disease—(All new cases):—

Pulmonary				Non-Pulmonary.				Doubtful under observ- ation	Not tuber- culous	TOTAL
Tubercle bacilli not present	Tubercle bacilli present			Bones and Joints	Ab- dom- inal	Other Or- gans	Peri- pheral glands			
	Stage 1	Stage 2	Stage 3							
16	9	16	8	5	4	1	5	0	194	258
49				15						

Stage of Disease—(Children only):—

Pulmonary.				Non-Pulmonary				Doubtful under observation	Not tuberculous	TOTAL
Tubercle bacilli not present	Tubercle bacilli present			Bones and Joints	Abdominal	Other Organs	Peri-pheral glands			
	Stage 1	Stage 2	Stage 3							
9	0	0	1	3	3	1	5	0	71	93
10				12						

Working capacity of old cases:—

Doing some work at date of examination	Not working but fit for light work	Unfit for any work
82	12	214
Total Attendances of Patients:—585.		

NOTIFICATION OF INFECTIOUS DISEASES.

		Total Cases Notified										Total Deaths									
		0-1	1-5	5-14	14-25	25-45	45-65	65+	Total	Cases admitted to Hospital	0-1	1-5	5-15	15-25	25-45	45-65	65+	Total			
Smallpox ...	...	—	4	47	20	17	4	—	92	92	—	—	1	—	—	—	—	1			
Scarlet Fever ...	...	—	16	40	10	3	—	—	69	36	—	—	—	—	—	—	—	—			
Diphtheria ...	...	1	17	68	19	10	—	—	115	49	1	1	4	—	—	—	—	6			
Enteric Fever (including Paratyphoid)		—	—	—	1	1	1	—	3	3	—	—	—	—	—	—	—	—			
Puerperal Fever ...	...	—	—	—	—	1	—	—	1	1	—	—	—	—	1	—	—	1			
Puerperal Pyrexia ...	...	—	—	—	3	6	—	—	9	—	—	—	—	—	—	—	—	—			
Pneumonia ...	...	4	26	26	11	24	12	8	111	—	6	4	1	—	2	6	8	27			
Other Diseases generally notifiable																					
Ophthalmia Neonatorum ...	...	4	—	—	—	—	—	—	4	1	—	—	—	—	—	—	—	—			
Cerebro Spinal Meningitis		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Encephalitis		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Lethargica		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Poliomyelitis ...	...	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—			
Erysipelas... Other Diseases	...	—	2	—	—	5	3	2	12	—	—	—	—	—	—	—	—	—			
Other Diseases notifiable locally																					
Measles ...	...	4	28	—	—	—	—	—	428	2	6	5	—	—	—	—	—	11			
Chickenpox ...	...	—	17	43	4	—	—	—	64	—	—	—	—	—	—	—	—	—			

Ophthalmia Neonatorum.

Cases		Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
Notified	Treated				
	At Home				
	Hospital				
4	3	1	4	—	—

NUNEATON VENEREAL DISEASE CLINIC.

	Syphilis		Soft Chancre		Gonor- rhœa		Conditions other than Venereal		TOTAL	
	M	F	M	F	M	F	M	F	M	F
1. Number of cases which— (A) at the beginning of the year under report, were under treatment or observation for (B) had been marked off in a previous year as having ceased to attend or as trans- ferred to other Centres, and which returned to the Treat- ment Centre during the year under report suffering from the same infection	19	32			45	20			64	52
					2				2	
Total—Items 1 (A) and 1 (B)...									66	52
2 (A). Number of cases dealt with at the Treatment Centre during the year for the first time with infections of 1 less than 1 year's standing	11	2			31	20	17	6	59	28
2 more „ „ „	1	10			1				2	10
Total—Items 1 (A), 1 (B) and 2 (A)	31	44			79	40	17	6	127	90
2 (B). Number of cases included in Item 2 (A) known to have received previous treatment at other Centres for the same infection					3				3	0
3. Number of cases which ceased to attend— (A) before completing the first course of treatment for...	3	1			15	7			18	8
(B) after one or more courses but before completion of treatment for		3								3
(C) after completion of treat- ment, but before final tests as to cure of	1	3			7	3			8	6
4. Number of cases transferred to other Treatment Centres after treatment for		2			6				6	2
5. Number of cases discharged after completion of treatment and observation for	3	3			13	2			16	5
6. Number of cases which, at the end of the year under re- port, were under treatment or observation for	24	32			38	28			62	60
Total—Items 3, 4, 5 and 6 ...	31	44			79	40			110	84
7. Out-patient attendances— (A) For individual attention by the Medical Officer	379	258			1334	456	38	19	1751	733
(B) For intermediate treat- ment, e.g., irrigation, dress- ings, etc.					4040	281			4040	281
Total Attendances	379	258			5374	737	38	19	5791	1014

	For detection of			For Wasser- mann Reaction
	Spirochetes	Gonococci	Other Organisms	
9. Examinations of Pathological material:				
(A) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre				
(B) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory		221		103

Number of cases from each area dealt with during the year for the first time and found to be suffering from:—

Syphilis	...	...	...	...	...	24
Gonorrhœa	...	...	...	...	...	52
Conditions other than venereal	...	...	...	...	...	23
Total						99

Total number of attendance of all patients residing in each area 6805

Number of doses of arsenobenzene compounds given in the Out-Patient Clinic to patients residing in each area 265

ISOLATION HOSPITALS.

Both Bramcote and Tuttle Hill Hospitals were utilised during 1930.

Bramcote Hospital which at the commencement of the year was treating Scarlet Fever and Diphtheria cases, was vacated in February, for the reception of Smallpox cases. This hospital remained open for Smallpox cases till August 8th, 1930. The patients who were in Bramcote in February were removed to the Tuttle Hill Hospital, which at that time was not in use.

In the case of future epidemics of Smallpox it is not proposed to use Bramcote Hospital for that purpose but to send the Smallpox patients to Tuttle Hill. This new arrangement will save a great deal of inconvenience of having to remove patients from one hospital to another.

The running of the two hospitals with very small addition to the staff, made the year a very strenuous one for the Matron and her staff.

Through this period the work carried out by your Isolation Hospitals staff deserves praise.

The cases treated during the year other than Smallpox numbered 144. Of these 59 cases were from outside Authorities.

We have not put into practice, to any extent, the curtailment of the stay in hospital of Scarlet Fever patients.

In the comparative few cases which have been discharged after short stays in hospital, no known harm has resulted.

Scarlet Fever Antitoxin has been used in selected cases, with excellent results,

Average length of time in hospital for Scarlet Fever patients was 41 days.

The number of complications were very few and of mild characters, with the exception of one child who during her stay developed acute appendicitis and had to be operated upon, she made an uninterrupted recovery. This operation was performed by your Hon. Surgeon.

SCARLET FEVER CASES.

	Age under 1 yr.			1—2		2—3		3—4				
	Sex	M	F	M	F	M	F	M	F			
Nuneaton		—	—	...	—	—	...	—	1	...	—	1
Arley		—	—	...	2	—	...	1	—	...	—	1
Bulkington		—	—	...	—	—	...	—	—	...	—	1
	4—5			5—10		10—15		15—20				
	M	F		M	F	M	F	M	F			
Nuneaton	4	1	...	4	10	...	3	3	...	1	4	
Arley	—	—	...	2	—	...	—	—	...	1	—	
Bulkington	—	—	...	—	2	...	—	—	...	1	—	
	20—25			25—30		30—35		35—40				
	M	F		M	F	M	F	M	F			
Nuneaton	2	—	...	—	1	...	—	—	...	—	1=14	TOTAL
Arley	—	—	...	—	—	...	—	—	...	—	—= 6	males 22 females
Bulkington	—	—	...	—	—	...	—	—	...	—	—= 2	„ 1 „
												„ 4 „

DIPHTHERIA.

The cases treated from the above disease numbered 49, with 6 deaths.

The accommodation was severely taxed on several occasions during the year, resulting in our having to refuse certain cases from outside Authorities.

The type of case varied considerably from the early mild case to the most severe and often late case.

DIPHTHERIA CASES.

	Age under 1 yr.			1—2			2—3			3—4			
	Sex	M	F	M	F	M	F	M	F	M	F		
Nuneaton		2	—	...	1	—	...	1	—	...	—	1	
Arley		—	—	...	—	—	...	2	1	...	1	3	
Bulkingtotn		—	—	...	—	—	...	—	1	...	—	—	
	4—5			5—10			10—15			15—20			
	M	F		M	F		M	F		M	F		
Nuneaton		3	—	...	7	17	...	3	4	...	1	3	
Arley		1	—	...	6	11	...	2	5	...	—	—	
Bulkington		—	—	...	4	2	...	2	1	...	1	1	
	20—25			25—30			30—35			35—40			
	M	F		M	F		M	F		M	F		
Nuneaton		2	2	...	—	1	...	—	1	...	—	—=20	males 29 females
Arley		—	—	...	—	—	...	—	—	...	1	—=13	„ 20 „
Bulkington		—	—	...	—	1	...	—	—	...	—	—=7	„ 6 „

DISINFECTION.

The Sanitary Inspectors supervise all disinfection of premises and bedding after cases of infectious diseases. Steam disinfection is available for bedding, etc. The method adopted for disinfection of rooms is by spraying or fumigating with Formalin.

Number of rooms	...	...	353
Number of articles	...	...	1759

INFANTILE MORTALITY.

There were 47 deaths of infants under one year of age, giving an Infantile Mortality figure of 53.5 per 1,000 births.

The rate for 1929 was 59.0 per 1,000 births.

This rate of 53.5 is the lowest ever recorded with the exception of the 1926 figure of 49.

It will be seen in the Table of the various causes of deaths that 25 out of the total of 47 children who died under one year, died of congenital defects. This figure depends largely on the ante-natal care of the expectant mother.

Much research will have to be done in this branch of preventative medicine before the figure will come down to a reasonable level.

The Infantile Mortality rate as stated above is 53.5, but if we divide this rate into legitimate and illegitimate children we find the rate for legitimate infants under one year is 50.3 per 1,000 births, while the illegitimate infants rate is 181.8.

In spite of added supervision to the unmarried mother, it is found that the child has a very poor chance in life.

MATERNAL MORTALITY.

All cases of maternal mortality are investigated by your medical staff. Detailed reports are made and forwarded to the Maternal Mortality Committee of the Ministry of Health.

Cases of Puerperal Fever and Pyrexia are also investigated from the point of view of spread of infection, and the requirements of the patient as regards hospital accommodation, etc.

The arrangements made in 1926 for a Consultant to visit cases in their homes, on the request of the Doctor in attendance, is still in force.

Hospital accommodation is provided for these patients in the Nuneaton General Hospital, also facilities are available for examination of pathological specimens at Birmingham University.

During the year 9 cases were notified under the Puerperal Fever and Puerperal Pyrexia Regulations. Hospital accommodation was available for all cases requiring treatment in an institution.

Unfortunately two cases died during the year, in the Borough, as a result of child-birth. Both these cases were fully investigated by your staff and reports made thereon.

The maternal mortality rate for the Borough during 1930 was 2.2 per 1,000 births.

MATERNITY AND CHILD WELFARE.

This scheme deals with expectant mothers and children up to the age of five years, after which age the child comes under the School Medical Service.

The various Health Visitors visit the expectant mother and give advice as to the best methods of maintaining their health, and the hygiene of pregnancy is explained to them.

The newly born child is under the care of its own doctor or midwife until 10 days old. It is then visited by the Health Visitor who supervises it in the home until it comes under the School Medical Service.

Two Welfare Centres exist for carrying out this work: One in Nuneaton and one in Stockingford—and the workers in these two clinics are kept exceedingly busy.

The number of mothers coming to them for advice about their children is increasing yearly. The work chiefly consists in giving advice as to the correct feeding of the babies and treatment of minor ailments.

The mothers are instructed how to feed their children and it often happens that a rather poorly child at once begins to pick up strength after a few hints have been given as to its feeding. In most of our cases incorrect feeding is at the bottom of all the trouble and when this is rectified the health of the child begins to follow a normal course.

We endeavour to get the mothers to pay regular visits to us for the sake of their children's health and advice is willingly given, no matter how trivial the matter may be. This correction in small matters may prevent the onset of serious conditions.

The children born in 1930 were found to be fed as follows:

Wholly breast fed	...	...	...	742
Partially breast fed and hand fed	...	...	...	47
Wholly hand fed	...	...	...	69
Mal fed	...	...	...	—

A Fresh Air or Sunshine Home at Bramcote—where the more delicate children, suffering from rickets, debility and the like, can be sent for a holiday in the open air—has been very useful in the past, but unfortunately in 1930, owing to Bramcote being used as a Smallpox Hospital, the Sunshine Home could not be used during this year. A more healthy spot than Bramcote could hardly be found. The children sent there thrive and have a very happy time. Their appearance improves and their appetites increase, and altogether it does them a tremendous amount of good.

The treatment of enlarged tonsils and adenoids, deformities, defective vision, eye and dental diseases is also carried out under the scheme.

Free milk continues to be issued to necessitous nursing mothers and young children with good results.

Number of persons who received free milk,	34
Total milk supplied	... 13,997 pints.

The details of the work carried out by the Health Visitors is given below; this gives an idea of the amount of work which is being done by this branch of the service. Many lives have undoubtedly been saved by these nurses and much disease prevented:—

Home visiting of babies under 1 year	...	6983
Home visiting of babies between 1-2 years	...	4005
Home visiting of babies between 2-5 years	...	6452
Home visiting of expectant mothers	...	440
Home nursing of measles under 5 years	...	1581
Home nursing of ophthalmia neonatorum	...	95
Diseases of respiratory system	...	123
Diseases of digestive system	...	166
Diseases of special senses	...	73
Surgical dressings	...	125
Diseases of skin	...	74
Diseases of breast (mother)	...	38
Diseases not classified	...	203

MATERNITY AND CHILD WELFARE CENTRES.

Welfare Sessions—Nuneaton Centre	...	100
Attendances of babies—Nuneaton Centre	...	8410
Welfare Sessions—Stockingford Centre	...	89
Attendance of babies—Stockingford Centre.	...	4683
	Nuneaton.	Stockingford.
No. of babies on Register, Jan. 1, 1930	1782	442
No. of babies added during 1930	386	202
No. of babies ceased to attend	145	196
No. of babies on Register, Jan. 1, 1931	2023	448
Total attendances made	8410	4683

I have tabulated below the various diseases dealt with by the Medical Officers at the two Clinics:—

	Nuneaton.	Stockingford.
Normal babies	301	264
Diseases of Digestive System	196	298
Diseases of Respiratory System	91	204
Skin Diseases	73	157
Diseases of the Eye	37	48
Diseases of Nose, Ear and Throat	27	129
Congenital Diseases	2	10
Hernia and Phimosis	168	101
Orthopædic Conditions	14	10
Rickets	3	6
Surgical Cases	46	—
Other Diseases	273	177

ANTE NATAL CLINICS.

The two Ante-natal clinics, one in Nuneaton and one in Stockingford, were established in October of 1924. Of these the first named has advanced greatly, but the second has shown considerable variations.

The following table shows attendances at the two clinics since they were inaugurated and speaks for itself:—

				Sessions Nuneaton		Sessions Stockingford	
1924 (3 months only)	...	...	...	3	16	3	14
1925	...	...	...	12	56	12	56
1926	...	...	...	12	89	12	68
1927	...	...	...	12	82	12	39
1928	...	...	...	11	118	10	44
1929	...	...	...	14	134	12	73
1930	...	...	...	12	194	12	42
				76	689	73	336

This table shows that the ante-natal clinic at Nuneaton is being more and more appreciated, but that the one in Stockingford for some reason or other is not.

With the high rate of maternal mortality, about half of which is said to be preventable, it surely should be of benefit, not only to the expectant mothers but also to the midwives, that examinations of the expectant mother should be carried out, in order that complications may be prevented or corrected in time, that difficulties in labour may be foreseen and the necessary steps taken to meet them beforehand, and that thus much unnecessary suffering may be abolished.

Advice can also be given as to the expectant mother's care of herself and mode of living; comprising her diet, exercise and various other matters which will be to her benefit.

Mr. Beckwith Whitehouse, M.B., F.R.C.S., of Birmingham, can be consulted in cases of Puerperal Fever and Pyrexia and an agreement exists between the Council and the Nuneaton General Hospital under which cases of abnormal pregnancy, puerperal infections, etc., can be admitted to the Hospital Maternity block. This agreement applies also to expectant mothers who live in unhygienic conditions, unsuitable for confinements, or who are unable through financial reasons to take advantage of hospital treatment for her confinement.

ORTHOPÆDIC CLINIC.

This clinic, organised conjointly with the Maternity and Child Welfare Committee, continues its good work in the prevention and correction of gross crippling. The scheme was inaugurated in 1925 and was then linked up with the Birmingham Orthopædic Hospital. However, in 1930 the Scheme became connected with the Warwickshire Orthopædic Hospital at Coleshill which marked the beginning of an era where the necessary accommodation could always be provided for our new cases. The Authorities at Coleshill also send a qualified masseuse to Nuneaton to carry out plasterwork, massage, remedial exercises, etc., weekly or as required. A surgeon visits Nuneaton once a month and sees cases at the Clinic and gives the necessary treatment, instructions and advice.

	School Children	Adults	Infant Welfare	Total
Tuberculosis ...	12	2	2	16
Infantile Paralysis ...	23	—	3	26
Spastic Paralysis ...	7	—	1	8
Rickets ...	28	—	19	47
Bone Injuries ...	14	—	2	16
Spinal Deformities ...	5	—	—	5
Flat Foot ...	29	—	4	33
Claw Foot ...	5	—	—	5
Club Feet ...	7	—	2	9
Other Conditions ...	18	—	7	25
Number of new cases ...	21	—	27	48
Number of cases carried on from 1929 ...	79	2	14	95
Number of cases cured ...	3	—	7	10
Number of cases treated in hospital ...	19	—	4	23
Number of cases treated by massage ...	41	—	8	49
Instruments supplied .	28	—	1	29
Clinics held by Medical Officer ...	11	—	—	11
Attendances at above .	314	24	105	443
Treatment Clinics Held	104	—	48	152

I give below particulars of work carried out at the Dental Clinic:—

DENTAL CLINIC.

No. of Sessions ...	23
Attendances ...	444
Extractions ...	628
Fillings ...	10
Sundries ...	141



Calculated.
Dec. 9/8/31 Hsg. Stat.
Sum
by 241

P.A. 28
H.C. 32